

# Chemist & Druggist

Benn >>

DECEMBER 11 1976 THE NEWSWEEKLY FOR PHARMACY

Nicholas

Pharmaceuticals. Toiletries.  
Hospital Supplies

Radox is a trade mark

*The Twelve Months of Radox*

January resolutions made  
To do our best to serve the trade.

February's posters we confess  
Proved to be a big success.

March saw Showerfresh on the scene  
In several million magazines.

April, May the Radox brand  
Was on TV throughout the land.

June we'd worked too much by half  
So we relaxed in a Radox bath!

July we came back with a splash  
With new TV to make hard cash.

Then in August & September  
More Showerfresh TV - remember!

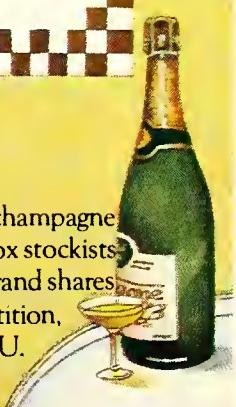
October TV proves we can  
Support our stockists to a man.

November, when fancy packs are fun  
Don't forget who's number one!

And in December we hope you'll find  
"

**Win a magnum**

Write an appropriate last line for our poem, and we'll give a magnum of champagne to the 12 most amusing and original entries. The competition is open to Radox stockists and any of our competitors who keep an envious eye on our brand shares. Entries on your official letter heading, by 31st December 1976, to Radox Competition, Nicholas Laboratories Ltd., 225 Bath Road, Slough, SL1 4AU.



Society plans  
expenditure  
cuts in 1977

Essential  
pharmacies  
scheme  
in April?

JIC scales  
supplement

New look at  
Swedish  
pharmacy

# The discovery that will revolutionise the treatment of peptic ulcers and associated gastrointestinal disorders



## The discovery

Until recently, one aspect of gastric physiology remained paradoxical - histamine was known to be a potent stimulant of gastric acid, yet conventional antihistamines were totally inactive in this area. Confronted by this apparent anomaly investigators began to suspect that there might in fact be two types of receptor site for histamine - one mainly for allergic reactions (H<sub>1</sub>) and the second for gastric acid secretion (H<sub>2</sub>).

In 1964, the SK & F research team set out to find a new class of therapeutic agent by chemical modification of the histamine molecule. They were seeking an agent capable of blocking the action of histamine at the H<sub>2</sub> receptor site. After 12 years of extensive research, this search has resulted in the development of 'Tagamet', the H<sub>2</sub> receptor antagonist, with the fundamental property of controlling gastric acid secretion.<sup>1,2</sup>

## A real breakthrough

Due to its dramatic reduction of gastric acid secretion 'Tagamet' has achieved quite remarkable results in peptic ulcers and associated gastrointestinal disorders.

Complete healing of duodenal and gastric ulcers<sup>3,4,5,6</sup> (proven endoscopically) is seen in most patients after 4 weeks' treatment.

Complete healing or marked improvement of reflux oesophagitis<sup>7</sup> has frequently been obtained within 8 weeks.

Early symptomatic relief is normally achieved in patients receiving 'Tagamet' treatment.

Furthermore, 'Tagamet' is well tolerated with minimal side effects which, together with its convenient dosage, means 'Tagamet' is well suited to everyday treatment.

## Presentations

'Tagamet' (cimetidine) is available as 200 mg film-coated tablets engraved TAGAMET/SK & F 200, available in containers of 100 (£14.29) and 500.

'Tagamet' is also available as orange-coloured, peach-flavoured syrup (200mg/5ml) in bottles of 200ml (£6.29), and as 200mg/2ml ampoules for i.v. use.



### References:

- 1 24-hour control of intragastric acidity by cimetidine in duodenal ulcer patients, (1975) *Lancet*, ii, 1069.
- 2 Inhibition of food-stimulated gastric acid secretion by cimetidine, (1976), *Gut*, 17, 161.
- 3 Cimetidine in the treatment of active duodenal and prepyloric ulcers, (1976), *Lancet*, ii, 161.
- 4 Short-term and maintenance cimetidine treatment in severe duodenal ulceration. The Second International Symposium on Histamine H<sub>2</sub> Receptor Antagonists, London, October 1976. In Press.
- 5 Healing of gastric ulcer during treatment with cimetidine, (1976), *Lancet*, i, 337.
- 6 Treatment of gastric ulcer by cimetidine. The Second International Symposium on Histamine H<sub>2</sub> Receptor Antagonists, London, October 1976. In Press.
- 7 Cimetidine in the treatment of oesophagitis. The Second International Symposium on Histamine H<sub>2</sub> Receptor Antagonists, London, October 1976. In Press.

**SK&F**

Full prescribing information is available from Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. 'Tagamet' is a trade mark

# Tagamet

(cimetidine, SK&F)

**H<sub>2</sub>**

The H<sub>2</sub> receptor antagonist  
A British Discovery

# Chemist & Druggist

The newsweekly for pharmacy

1 December 1976 Vol. 206 No. 5045

18th year of publication

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## Contents

Comment	□ Swedish lesson	□ Opinion in public	787
PSNC receives "uncompromising" reply on profit margin			788
Small pharmacies scheme in operation next April?			788
Five per cent supplement to JIC wage rates			789
New Scottish arrangements for trade discounts			789
Old people's medicine needs more regular review"			790
Blister packs could permit drugs 're-use'			790
Limit to Government involvement in Whitley Councils?			792
The Xrayser Column: General sale			793
Wide support for Society's animal medicines proposals			794
Pharmaceutical Society plans expenditure cuts next year			799
Faults and benefits of State pharmacy in Sweden			800
Favourable half-year results for Sangers			802
Appointments	803	News in Brief	793
Coming Events	803	On TV Next Week	797
Company News	802	People	792
Deaths	793	Postscripts	804
Letters	802	Trade News	796
Market News	805	Westminster Report	804
New Products	797	Classified Advertisements	806

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# Comment

## Swedish lesson

Sweden's State-owned pharmaceutical service, and State involvement in the pharmaceutical industry, are often quoted in Britain as providing a living spectre of nationalisation. But this week a more sympathetic appraisal was provided following a visit to that country by a Socialist Medical Association pharmacy group delegation comprising two younger-generation pharmacists, one, Mr David Dalglish, a member of the Pharmaceutical Society's Council (p800).

Both found much to criticise in Sweden, in particular the lack of involvement with the patient and public—manifesting as an "obsession" with the mechanics of drug distribution and rejection of the health education role in the case of "apotek" pharmacy, and as a total failure to embrace clinical or ward pharmacy in the case of hospital. But equally, both members of the delegation found much to praise in the Swedes' approach to health care.

Mrs Sylvia Martin, from Edgware General Hospital, took note that all political parties in Sweden were generally in agreement on reform of the system, which was designed to organise health care on a rational basis. Thus the Conservative government, which has taken over this year after many years of socialist rule, is unlikely to make any fundamental changes. Mrs Martin summed up her feeling by stating: "In Britain, conflict is the stuff of politics, but in Sweden, compromise is regarded as the supreme political virtue".

We must agree that all too often matters which are solely questions of public interest become questions of politics. If Sweden has a lesson for us here, the sooner British politicians rather than pharmacists make the trip, the better.

## Opinion in public

Do the schools of pharmacy provide sufficient guidance about counter prescribing? Conflicting opinions were aired at the Pharmaceutical Society's Council meeting last week—but curiously did not find their way into the "official" report (p799). C&D's reporter was at the public session, however.

The Organisation Committee had recommended that the general practice session at next year's British Pharmaceutical Conference be on this topic but Mr J. P. Kerr was concerned that to speak for 35 minutes might sound like "dealing with a lot of trivia". Mr C. C. B. Stevens disagreed, maintaining that counter prescribing should be related to the standard of the pharmacist, and guidelines laid down. "One could speak for a whole afternoon", he declared.

Dr D. H. Maddock suggested that counter prescribing presented no problems for the experienced pharmacist—those qualified for 20 years. It was the newly qualified towards whom the session should be slanted.

Mr J. A. Myers invited Council to contemplate that whereas at one time prescribing was fairly safe, modern drugs could be prescribed without a good deal of background training.

Not soul-stirring debate, perhaps, but at least there may be an opportunity for those outside Council to present a viewpoint on Conference subject-matter—and voters do learn a little more about those they did or did not support in the elections.

# 'Uncompromising' reply on profit margin

The Department of Health has given a "wholly uncompromising" reply to the Pharmaceutical Services Negotiating Committee's claim for an increase in the profit margin paid to NHS chemist contractors. The Committee was told at its November meeting that the reply was despite the fact that the consulting accountants, Coopers & Lybrand, had adduced ample evidence in justification of the claim. The Department's answer was considered "totally unacceptable" and the Committee is to seek an early meeting with the Minister's Permanent Secretary.

#### **Discount scale renegotiation sought**

Following receipt of the preliminary findings of the discounting inquiry, the Committee agreed that an immediate approach be made to the Department to seek renegotiation of the discount scale.

It was agreed that the extension of the "relaxation procedure" period negotiated with the Department and referred to at the previous day's conference be publicised in the December NHS newsletter and that pharmacists be reminded that the dispensing of S4A preparations listed in the 1971 BNF was still subject to the footnotes printed in that Formulary.

A number of complaints had been received about doctors supplying influenza vaccines to patients and the Committee noted the contents of several recent articles in the medical Press encouraging doctors to increase their incomes in that way. The Department would be reminded that the Committee considered the supply of vaccines for use in general practice to be the responsibility of the pharmacist.

It was noted that the Department proposed to include guidance in the next Drug Tariff about the prescription charges to be made to patients.

A further approach would be made to the Department pointing out the problems involved for the practising pharmacist, and the anxiety caused to patients, because of the ruling on open order prescriptions and the differing appearance of proprietary brands of the same drug preparation.

The Pharmaceutical Society had sought the Committee's views on the practicability of defining the number of dispensing assistants that a pharmacist could personally supervise when undertaking NHS dispensing. The Committee considered that there were considerable difficulties in estimating the number of dispensing assistants that a pharmacist could personally supervise as it depends on many factors, including the prescription flow, the layout of the business and the facilities available within the individual pharmacy. It was agreed that the pharmacist would be the best person to decide and that it would be wrong to lay down specific criteria

regarding the number of dispensary assistants that a pharmacist could personally supervise.

It was the view of the Committee, however, that there was a limit to the number of prescriptions dispensed which could be supervised by a pharmacist if he was satisfactorily to fulfil his professional obligations. That had been recognised within the context of NHS remuneration by the conference which had accepted the principle of a second pharmacist allowance.

There was a further discussion on the use of amber bottles for all dispensed medicines and a consideration of the latest technical information. Because of the need for prompt action before the manufacturers ceased making white flint medical bottle at the end of the year, it was decided to approach them with an urgent request that supply be continued alongside the amber variety. If the manufacturers found it impossible for the immediate future to make both types simultaneously, the Committee would prefer that white flint should take priority. The Committee took into consideration the fact that amber bottle of the ordinary round variety were available for preparations requiring that kind of storage.

As agreed at the conference, the Department would again be urged to include surgical tights of an equivalent specification to surgical elastic hosiery in Part VIB of the Drug Tariff.

After consideration of correspondence from a Local Pharmaceutical Committee it was decided that pharmacists should be reminded that, in cases where it seemed likely that patients, by reason of age or infirmity, would have difficulty in opening and/or reclosing a child-resistant container, they had discretion to supply a container with an ordinary closure. It was agreed

that there was an onus on the patient to ask for an ordinary container, but it was not felt that the production of a notice to that effect could be justified.

It was noted that the supply of aluminium oxygen cylinders was shortly to be extended to those areas of Derbyshire, Leicestershire, Nottinghamshire and Staffordshire served by the British Oxygen Co's Derby depot.

#### **'Threatened' pharmacist writes to Ombudsman**

Mr Keith Hutchinson, one of the five Peckham, South London, pharmacists threatened with closure as a result of local council developments (*C&D*, November 13, p669), has put his case to Mr David Ennals, Secretary for Social Services, and to the Ombudsman.

Southwark Council had awarded tenders for pharmacies on two new housing developments (including a health centre in one case and resiting of a surgery in the other) to pharmacy companies from outside the Council's area. That meant several of Mr Henderson's local doctors would be moving from his (and the other four pharmacists') catchment area, threatening their viability. The Council had said that although they wished to grant the tenders to the existing pharmacists in the area, the law stated that the highest tender must be accepted.

Mr Hutchinson's letter draws attention to the problem and states that some Southwark councillors, who were his customers, had told him that "the tender procedure was a legal requirement, but should be a formality because of the overriding moral consideration". He goes on to say that the council has not considered any aspect other than the financial one and that the premises should have been offered to the local pharmacists because their livelihoods were threatened. He says the Council cannot be made to understand that pharmacy is essentially different from any other form of business in that "we must be close to our doctors in order to survive". Mr Hutchinson concludes by stating that he never thought "a socialist Council would lay more stress on a small financial gain rather than a moral principle".

## **Small pharmacies scheme operative in April?**

The Pharmaceutical Services Negotiating Committee is to try to implement the essential small pharmacies scheme by April 11, 1977—the date on which the present "standstill" on rural dispensing is due to expire.

It is proposed that the scheme should be implemented in two stages. In the first stage, payments would be made only to pharmacies which were:

- two miles or more as the crow flies from the next pharmacy;
- dispensing between 6,000 and 30,000 prescriptions;
- having a non-NHS turnover of less than £25,000;
- providing a full-time pharmaceutical service.

These pharmacies would receive a scale

payment related to prescription volume which would commence at £750 for 6,000 prescriptions per annum, rising to £1,500 between 12-18,000 prescriptions and declining to zero at 30,000 prescriptions. The payments would be scaled down by reference to private turnover between £15,000 and £25,000—that is, a reduction of £15 for each £100 private turnover in excess of £15,000 per year.

At a later stage those pharmacies at a distance of less than two miles from the next pharmacy, dispensing fewer than 6,000 prescriptions, or providing a part-time pharmaceutical service would be considered for inclusion in the scheme. Qualifying pharmacists might receive one lump sum payment broadly representing the basic practice allowance as originally proposed by the Committee.

# New JIC scale supplement

The National Joint Industrial Council for Retail Pharmacy (England and Wales) has agreed a 5 per cent supplementary pay award on total earnings for all hours worked, with a cash minimum of £2.50 and an upper cash maximum of £4 a week.

The agreement, made at a meeting of the Council last week, is in accordance with the second stage of the Government's pay policy. Coming into force on January 3, the new minimum pay scales will be:

#### Pharmacist managers and manageresses

	Provincial total (£)	London total (£)
Turnover		
£600—£699	3,058	3,110
£700—£799	3,136	3,189
£800—£899	3,215	3,268
£900—£999	3,294	3,346
£1,000—£1,099	3,373	3,425
£1,100—£1,199	3,452	3,504
£1,200 and over	3,531	3,583

#### Pharmacists

Year after registration	Provincial total (£)	London total (£)
First year	2,542	2,592
Second year	2,642	2,692

#### Dispensing assistants

Age	Provincial total (£)	London total (£)
20	33.00	33.30
21	33.75	34.05
22	34.50	34.85
23	32.25	35.55
24	36.00	36.30

#### Shop assistants

Age	Provincial A (£)	London B (£)	Provincial B (£)
16	18.57	18.82	18.32
17	21.61	21.86	21.36
18	24.75	25.00	24.50
19	26.10	26.35	25.85
20	27.55	27.80	27.30
21	30.30	30.55	30.05

For shop assistants, the above scale includes the £2.50 supplement for shop assistants aged 18 and above, but for junior shop assistants the supplements, also included above, are £1.87 at age 16 and £2.16 at age 17.

Paragraph 8 in the dispensary assistants and shop assistants agreement now permits an employer providing an essential pharmaceutical service to apply for authority to pay up to 15 per cent lower rates, if the combined NHS and counter turnover is less than £900 a week.

#### Pharmacist 'mastermind'

Mr Maurice Phillips, staff pharmacist, Hove General Hospital, won a recent knockout "Mastermind" competition sponsored by the League of Friends at the Hospital, answering questions on wine-making and general knowledge. Mr Phillips received a cup and gift tokens.

Mr J. F. Good, MPS, whose shop is at Gloucester Road, Patchway, Bristol, receives his prize of a Concorde holiday to the USA from Mr J. Barron, sales manager of Combe International Ltd, who ran the Odor-Eater retail trade display competition recently



## New Scottish trade discount arrangements

Agreement has been reached on revised arrangements for an updated assessment of certain trade discounts and for reimbursing NHS contractors for some out-of-pocket expenses, from December 1.

The Pharmaceutical General Council (Scotland) and the Secretary of State for Scotland have agreed that whereas the value of trade discounts was recovered hitherto by reference to notional prices of certain drugs, the changes in the usage of these drugs make this no longer an appropriate method of reclaiming the value of the discounts. Therefore under the new arrangement, an updated assessment of the value of discount will be taken into account and recovered through the reimbursement payments for drugs and appliances, under the provisions of the Drug Tariff, by reference to all prescriptions dispensed beyond 1,000 at any establishment, in any given month. By this system the incidence of discounts available will be related to the size of businesses. The assessment of the level of discounts will be reviewed by the Secretary of State after consultation with the Pharmaceutical Council from time to time as necessary.

#### Drug Tariff amendment

The terms of the Drug Tariff have accordingly been amended as follows:

Delete last paragraph of Clause 10 under the General Section

Insert new Clause 10A:—

*Discount arrangements* A discount from the total of prices calculated in accordance with Drug Tariff provisions is applied where the number of NHS prescriptions dispensed in the month at each place of business exceeds 1,000 on a scale determined by the Secretary of State for Scotland after consultation with the Pharmaceutical General Council (Scotland).

Insert Clause 16(b), line 3 after preparations "after the application of any discount".

For out-of-pocket expenses, the agreement makes provision that where they have been incurred in obtaining a drug from a manufacturer or wholesaler, other than those priced in Part I and Part II of the Drug Tariff not required to be fre-

quently supplied by the chemist, payment of the amount will be made when the chemist sends a claim giving full particulars to the prescription pricing division with the appropriate prescription form and the health board is satisfied in any doubtful cases that the expenses have been reasonably and necessarily incurred.

## Employees eligible for APC elections in Scotland

Pharmacists in Scotland who are continuously employed fulltime by chemist contractors will be eligible to take part in the forthcoming elections for Area Pharmaceutical Committees, provided their names are included in the list of electors prepared by the returning officer, the Pharmaceutical Society's resident secretary.

Employers have been asked to furnish the necessary information about their own employees, but if this has not been sent, pharmacist employees should send the following information to the resident secretary at the Society's offices at 36 York Place, Edinburgh EH1 3HU, not later than 12th January 1977:

full name and private address;

employer's name and address;

health board area in which employed.

This announcement does not apply to chemist contractors. There will be a separate election for representatives of contractors and the necessary particulars for compiling electoral lists are already available.

## October sales up 14 pc

Retail sales by chemists and photographic goods dealers during October were 14 per cent above the same month last year, according to statistics from the Department of Industry. That gives all chemists a new sales index of 202 (1971 = 100) compared to the average 210 for all traders, whose sales had risen by 16 per cent. Independent pharmacies' sales rose 8 per cent to a new index of 172, compared to a 13 per cent increase for independent retailers generally to 189. The figures do not include NHS receipts.

# 'Old people's medication needs more regular review'

Two surveys undertaken independently by hospital doctors in Greater Manchester have revealed the need for regular reviews of elderly patients' medication.

Dr A. Kamal, senior registrar, Withington Hospital, Manchester, found that 62 out of 100 elderly patients admitted to the hospital had taken drugs in unnecessarily large quantities—in 10 cases out of 100 drugs were blamed as bringing about the admission. Two elderly patients were confused to the point of dementia, but recovered when taken off the chlorpromazine; in one case the general practitioner thought the patient was disturbed and needed tranquillising, when in fact he was worried about constipation. Other patients had become depleted in potassium through taking digoxin and diuretics.

Dr Kamal feels that old people should have their medication reviewed every two to four weeks, and more frequently if they are on three or four drugs. Many milder effects of drugs on old people—such as general weakness, dizziness, impairment of intellect, loss of appetite and constipation—go unrecognised. Dr Kamal pointed out to C&D this week that the medication the patients were on—which could have been prescribed by general practitioners, hospital doctors or self-prescribed—could well have been reasonable in the past and might become so again, but at the time of the survey the levels were excessive.

#### Directions not understood

In the other survey Dr B. C. Das, Ladywell Hospital, Salford, found that one in three old people could not understand the directions for taking drugs, and one in three mixed up different tablets in the same container; some patients were unable to shake a medicine bottle as instructed and others were unable to break a tablet in two for the correct dosage. He also found that one in three of the people surveyed did not have their medicines regularly reviewed by a doctor, and only one in six old people's homes in the Salford area had prescriptions regularly reviewed by a doctor.

Dr Das told C&D that many old people had "hoarded" discontinued medications, many containers being still half-full. In one case he came across three bottles of digoxin tablets on the same shelf, one with a dosage of 0.25mg per day, the second of 0.0625mg per day and the third 0.125mg a day. Digoxin was not the only drug hoarded, others were diuretics, anti-depressants and antibiotics.

Asked how pharmacists could help, Dr Das said that some communication between the pharmacist and the elderly patient could be advantageous. In the case of patients who could not shake big bottles of a preparation such as aluminium

hydroxide, because they were arthritic, the preparation could be supplied in smaller bottles. One instance he had come across was of a patient prescribed 250mg Aldomet, half a tablet daily, who could have been supplied with the 125mg size of tablet. Dr Das revealed that, in conjunction with the hospital's pharmacy, a scheme for providing elderly day patients with bottles labelled additionally in lay terms—such as "heart tablets", "sleeping tablets"—was being tried out; the scheme seemed to be working very well.

The two surveys were first presented to a meeting of the British Geriatric Society in October and were reported in *The Sunday Times* this week; it is expected that the studies will be published soon.

#### Suspected beta-blocker reactions request by CSM

The Committee on Safety of Medicines has written to all UK doctors, asking them to report any suspected adverse reaction to  $\beta$ -blocking agents.

The Committee wishes to build up as

complete a picture as possible of the safety of such drugs in practice. The available evidence—which includes 133 reports describing rashes and 74 giving ocular symptoms and signs, the majority being mild cases of dryness—does not suggest that serious reactions are occurring and there is no cause for immediate alarm, says the Committee; nevertheless it wishes to be absolutely certain that other reactions are not being overlooked.

The preparations concerned are Beta-cardone, Betabloc, Blockadren, Inderal, Lopressor, Sectral, Sotacor, Tenormin, Trasicor and Visken. The doctors are being asked to send in their suspected adverse reactions on the yellow cards, but the Committee is anxious that reporting is not limited to effects on the skin and eyes since the pattern of adverse effects may vary within the group of drugs.

#### 'Monitored release' of new medicines?

Monitoring of NHS prescriptions at the pricing stage could be involved in a CSM scheme to detect more effectively adverse reactions to new medicines. The Committee is currently looking into ways of devising such a scheme which would be workable and have doctors' approval. Two ideas are "monitored release" of new products to doctors who would provide prescribing details, and "sample monitoring" where a sample of prescriptions would be monitored to try and pick out numbers of reactions and their pattern; either scheme would involve the Prescription Pricing Authority.

#### Blister-packs could permit drug 're-use'

The use of blister-packing together with conservative prescribing, supply and suitable storage of medicines could lead to saving of drugs otherwise discarded.

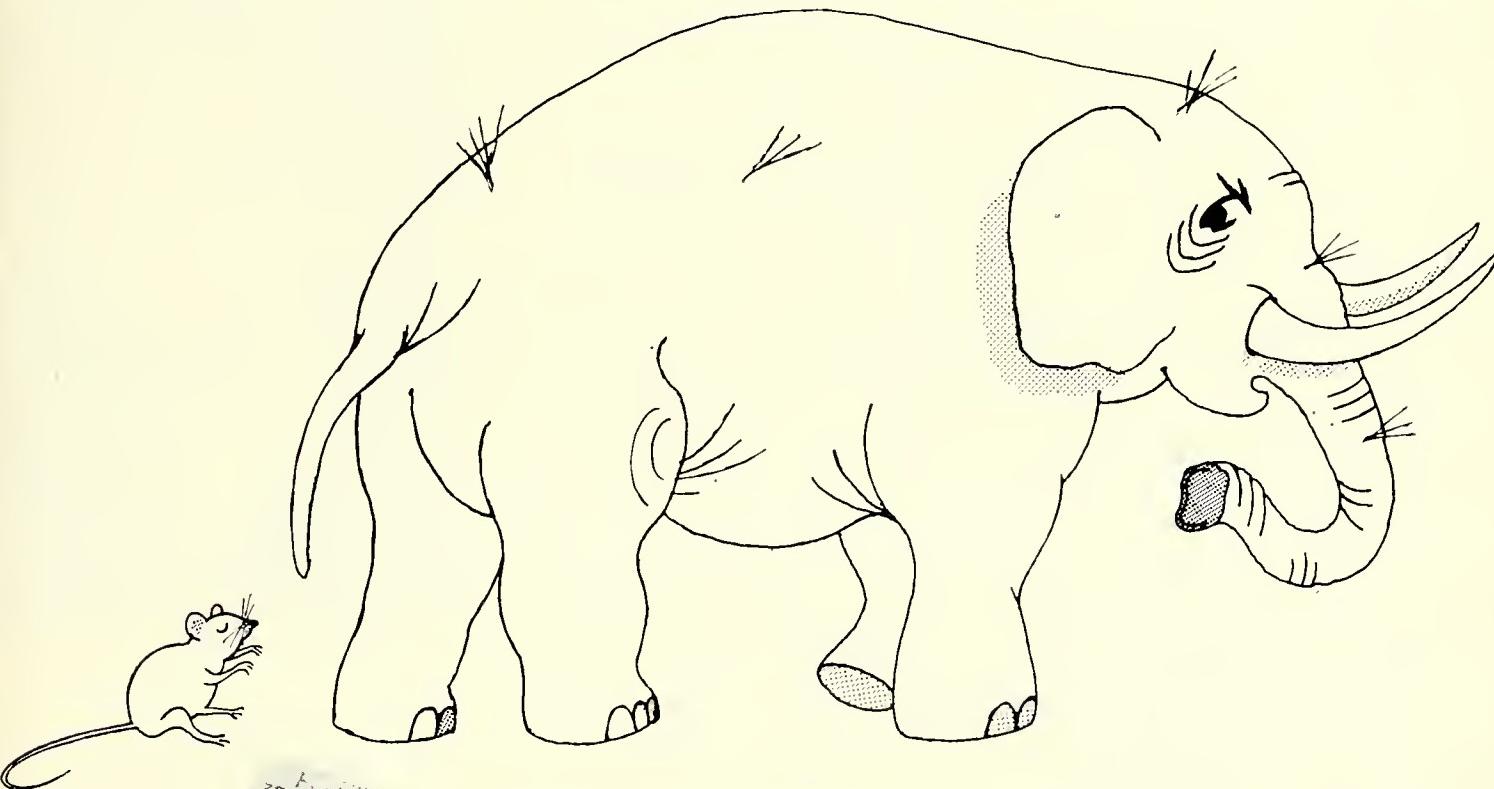
That is the conclusion of two pharmacists, R. J. Hart and F. S. V. Marshall, at a Suffolk Hospital, who conducted a study of pharmaceuticals returned from various sources, for three months. The study, reported in last week's *Lancet*, revealed that over 25 per cent of medicines returned showed major faults such as tablets broken or discoloured, moisture present or a mixture of drugs present. Antibiotics constituted almost 20 per cent of the total value (£1,104), whilst 36 per cent of total preparations had reached their expiry date.

Labelling of preparations supplied by dispensing doctors was much below average, according to the authors, with the name of preparation, date of issue and identity of supplier often absent. Failure to write the directions all in words was a common occurrence. The quality of dispensing by the local Boots' branches was "generally above average", the labelling being clear—"helped no doubt by the use of large labels"—and the preparations in good condition. The authors regard prescribing in round hundreds as one of the main causes of stockpiling by the patient and suggest that prescribing by length of treatment might avoid the problem. They also suggest that the use of blister packs would maintain the solid dose forms in a

condition suitable for re-use but that re-use should be confined to a hospital and not a retailer, to avoid accusations of commercial malpractice. Labels should be typewritten and carry a date of issue to indicate possible re-use. The report concludes with a call for the various professions and patients involved, to co-operate in ensuring conservation and re-use of drugs by suitable prescribing, packaging and storage.

☐ Tablets should be taken either before or during a meal and not afterwards, or alternatively with at least a tumblerful of water. That conclusion was reached by Professor K. T. Evans and Dr G. M. Roberts from a study they conducted, at the department of radiology, Welsh National School of Medicine, Cardiff, on the fate of barium sulphate tablets during passage through the oesophagus. Reporting in last week's *Lancet*, the authors state that tablets can remain in the oesophagus for up to ninety minutes if an abnormality is present and, in one patient with no demonstrated abnormality, a tablet remained in the oesophagus 45 minutes. Patients were not always aware of the delay, which was increased if the patient remained supine. Large volumes of water sometimes failed to dislodge the tablets. The authors suggest that drugs given in tablet and capsule form could remain for similar lengths of time and indicate that some anti-inflammatory drugs may produce oesophagitis for this reason.

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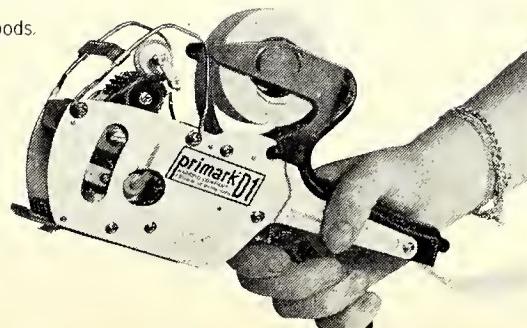
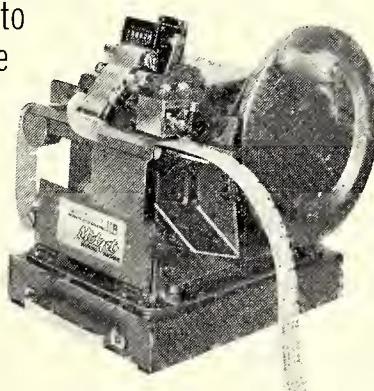
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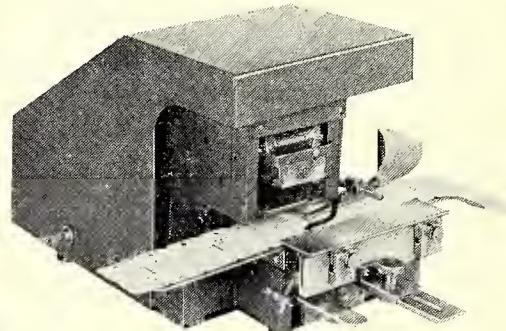


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Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

# Changes urged in Whitley Council system

The existing Whitley Council system, which negotiates pay and conditions for about a million Health Service employees, including hospital pharmacists and technicians, needs to be adapted so that NHS management representatives can play a more decisive role, says a report by industrial relations expert Lord McCarthy, published last week.

In the report—"Making Whitley Work", published by the Department of Health (HM Stationery Office, £1.15)—Lord McCarthy finds that at the moment the Government, through the representatives of the Health Departments on the management side of the Whitley machinery, exercises too dominant a role. He recommends that Government representatives on the Councils should limit their interest to such matters as the overall cost to Government of agreements; in other matters they should leave the content of offers to the representatives of employing authorities.

He also suggests that more representative and accountable management sides would be introduced by improving arrangements for selection and appointment and that management side members should be given better information about NHS personnel matters; they should be given training in their roles. More flexible national agreements are called for which would provide opportunities for local bargaining on a wide range of issues such as starting salaries; allowances for differences in job content; and performance elements in pay structures; regional Whitley Councils to apply these flexible elements are also proposed.

## Better consultation

Discussing the development and extension of consultation, Lord McCarthy takes the view that there is a need for a radical overhaul of existing consultative arrangements. It should be established that NHS employees have a right to be consulted on all decisions that may significantly affect their well-being. The writer stresses that meaningful consultation implies that it must take place while options still remain open. He recommends that consultation should cover strategic planning decisions, consequential administrative operational decisions, especially those affecting job prospects or job security, and all aspects of the job environment.

The report says that there are too many staff organisations (43 are represented on one or more Whitley Councils or other negotiating bodies); and they include a large number of organisations too small to conduct effective collective bargaining and consultation at all levels. There is competition and rivalry among organisa-

tions based on contested job territories; and there is a tendency towards fragmentation and sectionalism leading to the foundation of breakaway professional bodies. Recommendations are made to limit that—including that number of seats allocated to each organisation on the staff side should be related to the size of its membership in the appropriate staff group.

Mr David Ennals, Secretary of State for Social Services, commenting on the report, said that changes or innovations in the system would be made only if both management and staff representatives think they are desirable. Views were being invited from interested parties.

## No Commission reaction on analgesics challenge

Neither the Medicines Commission, nor its chairman, Professor Butterfield, had reacted to the challenge by the Pharmaceutical Society's president on its change of mind on self-service of analgesics when *C&D* went to press on Wednesday. A spokesman for the Commission told *C&D* that it would probably wish to discuss Mr Bannerman's comments at its next meeting.

Mr Bannerman's demand for an "honest explanation" for the change was released in advance of his address to a meeting of Huddersfield Branch of the Society (last week, p756), and the full text reveals that the president detailed some of the support the Society had had from women's organisations. In addition, only one of the 80 Community Health Councils which had written to the Society had not supported its stance (against five understood to have given support to the Proprietary Association of Great Britain); and the Society had also had 120 offers of support from MPs in all parties—some from Conservative front bench spokesmen.

The president referred to the Commission's announced intention to "review" its original proposals if unit packaging were introduced on a wide scale. That, he held, had clearly implied that the Commission intended to see how well unit packaging stood the test of time—yet it would not be introduced until January 1, 1977. "So they stand condemned at the very least for rushing to a premature and unsupported judgment."

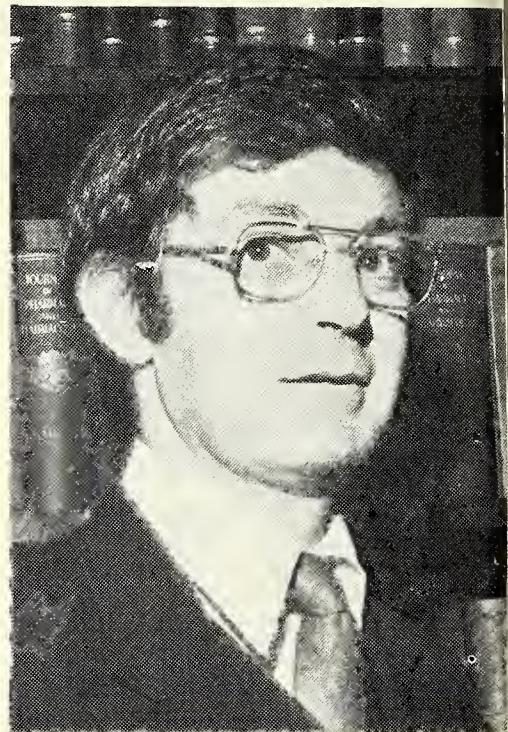
The Society welcomed both unit packaging and child-resistant containers, but they were only part of its comprehensive campaign to persuade the public that medicines were different.

□ Mr Bannerman was interviewed about his address on BBC Radio 4 "Today", "Good Morning Scotland", and on Radio Huddersfield.

## FIP 1977 dates

The 37th International Congress of Pharmaceutical Sciences of FIP is to be held at the Netherlands Congress Centre, 10 Churchillplein, The Hague, September 5-9, on the theme "Formulation and preparation of dosage forms". The fees, inclusive of accommodation, are members Hfl 375, non-members Hfl 425, recent graduates Hfl 100 (£1 is about Hfl 4.2 at time of press). Further details may be obtained from FIP Congress 1977, 11 Alexanderstraat, The Hague, Netherlands.

# People



**Mr Desmond Corrigan, BSc(Pharm), MPSI**, lecturer in pharmacognosy, College of Pharmacy, Dublin, has been conferred with the degree of Doctor of Philosophy in Pharmacognosy. The doctorate was awarded by the National University of Ireland for research on extractives of the genus Galium and of the genus Picea; the research was carried out at the College of Pharmacy and in the chemistry department of University College, Dublin, under the direction of Professor R. F. Timoney and the supervision of Dr D. M. Donnelly, a noted natural products chemist. One object of the research project was to study ways in which plant chemicals could be used in the taxonomy or classification of plants; Dr Corrigan's results confirmed the view that Picea (spruce) should not be divided into a series of botanical sub-groupings.

**Mr W. L. Summerfield, FPS**, Kings Lynn, is to retire at the end of this year from his post of pharmaceutical officer for the Kings Lynn health district. Taking up hospital pharmacy in 1936, Mr Summerfield is now responsible for 11 hospitals and a number of clinics; he has also served on a number of committees connected with the Pharmaceutical Society and the NHS.

**Mrs Joy Wingfield, MPS**, has been appointed to the staff of the Pharmaceutical Society as an inspector under the Pharmacy and Poisons Act 1933. She is shortly to take up her duties in the south of England, replacing Mr Eugene Hunt, who is now working in the Society's law department. Mrs Wingfield qualified in 1971, and since then has been employed by the Boots organisation in the Southampton area.

The board of Independent Chemists Marketing Ltd has placed on records its appreciation of the "unstinting support" received from **Mr William Cox**, who has

ved as a director since ICML's inception. His company, Herbert Ferryman Ltd, Southampton, have been distributors of PUM products for nearly ten years. Mr Fox, who is currently chairman of the National Association of Pharmaceutical Distributors, has been replaced on the ICML board—it is a "rotational" directorship—by Mr John Forster, MPS (see *C&D*, November 27, p729).

## Deaths

**Alexander Thompson Hardy:** Suddenly, on November 24, Mr Alexander Thompson Hardy, MPSNI, BOA, SMC, 30 Quarry Road, Belfast. Qualifying in 1928, Mr Hardy was a member of a family which has been associated with pharmacy in Northern Ireland for many years. His late father, Mr William James Hardy, MPSNI, was the owner of one of the oldest businesses in the Province, Davidson & Hardy Ltd, Castle Place, Belfast, which was established in 1852. In more recent years this company moved to Bedford Street, Belfast, until its closure some years ago.

Mr A. T. Hardy was president of the Pharmaceutical Society of Northern Ireland for two years 1965-1967, following in his father's footsteps—Mr Hardy senior being president in 1928-1929. In the business world Mr A. T. Hardy had several interests. In recent years he concentrated on optics with premises at 143 Ormeau Road, Belfast 7. He was a foundation member of Davidson & Hardy (Laboratory Supplies) Ltd of Antrim Road, Belfast, a director of Belmont Photo Works Ltd of Dundan Street, Belfast and a foundation member of Castle Optical Co Ltd, 19a Church Street, Belfast 1.

A golfer of no mean ability, he had many outstanding achievements in his younger days. He was captain of Knock Golf Club in 1947 and also a recent past-president of the Club.

## News in brief

■ Dr J. Pollard, a Manchester consultant gynaecologist, has developed a product which, he believes, will enable the sex of a child to be predetermined. The compound, Choice, controls the cervical pH balance to favour male producing sperm if alkaline and female producing sperm if acid. It is presently under trial in humans.

■ Dr C. R. McGavin, department of Thoracic Medicine, St James' Hospital, London SW12 6HW, has modified an aerosol inhaler plastic jacket to include a siren which emits a noise when the device is correctly used. An article in last week's *Lancet* describes the device, a limited supply of which may be available on application to Dr McGavin.

■ Imports of contraceptive articles in the form of intra-uterine devices (spiral diaphragm) and condoms into Indonesia have been exempted from import duty and import sales tax as from October 12. New regulations on the production and distribution of cosmetics and hygiene articles in Indonesia have also been introduced. Enquiries should be addressed to the Department of Trade, Overseas Tariffs and Regulations Section, 50 Ludgate Hill, London EC4C 7HU (01-248 5757).

# Topical reflections

BY XRAYSER

## General sales

The new approach to Members of Parliament by the Proprietary Association of Great Britain displays that concern for the general public which characterises all that that powerful body does. Few stones, one would imagine, have now been left unturned, but the approach to MPs does not, in my opinion, credit them with an ability to think for themselves. The latest argument is built round what have become known as "child-resistant" containers. The PAGB says that there is no relationship between the way in which an analgesic is sold in the shop and how it is subsequently used in the home—a doubtful argument—and that if we want to increase the safety of analgesics in the home we must look to other methods.

## TV advertising

The letter to MPs asks them to refrain from taking steps that would seriously inconvenience the many people who need analgesics but cannot get to a pharmacy. There follows: "If the self-service restrictions in the General Sale List proposals are allowed to stand they will not reduce determined abuse." The PAGB therefore accepts that there is abuse, but nowhere is there any suggestion that one way of reducing it would be to curtail—or to cease—the widespread advertising in the Press and on television designed to increase the consumption of the drugs.

One has only to look at the TV column on p765 last week to appreciate the effort and expense which go into bringing analgesics into the home and that is hardly calculated to reduce determined abuse. One feels bound to conclude that the consideration shown to the public is not wholly disinterested.

## Council policy

At a meeting of the Pharmaceutical Society of Ireland's Council, the president, Mr M. F. Walsh, re-stated Council policy on sales of drugs, particularly of cough mixtures. The statement points out that it is the responsibility of pharmacists to exercise close surveillance over the sale of cough mixtures, especially those containing codeine phosphate, ephedrine hydrochloride or antihistamines, and to refuse to supply any preparation where, in their professional judgment, there could be a danger of drug misuse or habituation. That is a timely reminder of the need for supervision in all sales of the kind, including analgesics.

The Council in Ireland has wisely refrained from naming any particular preparations and has placed the burden professionally on the shoulders of the pharmacist, where it rightly belongs. The pharmacist in close touch with the public is in a position to use his judgment and, on occasion, his powers of persuasion against a particular purchase. Only by doing so is he protecting the public against themselves and against the powerful efforts of industry to bring about sales and still more sales. I hope that our colleagues in Ireland will not particularise, as has been done in this country. The pharmacist's own discrimination should be the judge.

## The Latin

In the younger days of many still on the Register it was the custom to use Latin titles and such descriptions as Mist. Rhei Co. and Mist. Mag. Carb. Co. were commonplace. But we grew away from that link with other days, giving it up almost completely just when we were contemplating going into Europe. Now, in answer to a question in the House, Mr R. Moyle, Minister of State for Health, suggests that the problem of how to label placebos would be met by the use of a suitably elaborate Latin name!

# Wide support for Society's animal medicines proposals

Publicity concerning the Pharmaceutical Society's fight against the Medicines Act proposals on animal medicine distribution amounted to six radio and three television discussions and thirty Press reports. Maureen Tomison, head of publicity to the Society, presenting the publicity report at the annual meeting of the Agricultural and Veterinary Pharmacy Group, on Monday, said that support came from many organisations. The Government now recognised the strength of the Society and would pay more attention in future "fights".

At the meeting, discussion centred on maximising the role of the pharmacist as adviser to the buyer of agricultural and veterinary pharmaceuticals. Pharmacy's opponents often used the argument that since the information appeared on the label, advice was not necessary, but the general consensus at the meeting was that often the purchasers did not read or understand the labels and in addition extra information was often required to put the product to its best use. The large number of deaths in Michigan, USA, due to a confusion of animal feedstuff and fire protection material reported recently, was cited as further evidence of the need for pharmacist supervision. Miss Tomison later said "this supports our case for having a pharmacist in charge of animal merchant premises. No pharmacist would ever have been confused and certainly never have allowed a dangerous substance to be confused.

#### Year reviewed

Mr Rhodes, secretary, in presenting a report on the year's activities, said that the Group now comprised 350-400 members and the subcommittee consisted of ten members, five members of Council and five elected. In future the chairman would be elected by the committee. A buyer's guide was in production and a panel of speakers had been established to visit branches and schools of pharmacy. The committee was in correspondence with the BBC concerning a programme that suggested travelling chemists were selling antibiotics illegally. The BBC apparently did not agree that pharmacists were implied by the description. A document "Farmers and pharmacy" had been prepared setting out the Council's view and sent to MPs and local and national officials of the National Farmers' Union.

Turning to future activities Mr Rhodes stated that a course provided by Cooper Agricultural Products in 1977, would be open to members and if successful others would be organised. The original proposal that the 20 places be filled on a first come basis was criticised by members and a suggestion that younger members be given priority was adopted for further consideration. Another agricultural and veterinary

course was to be organised at Cirencester for 1978. The Association for Veterinary Clinical Pharmacy and Therapeutics is to be formed and is open to members of the Society and veterinary organisations.

The meeting was preceded by a lecture on "Current research into anthelmintics" by Dr T. Gibson, Central Veterinary Laboratories, Weybridge.

## BDAMA seeks to bridge gap on animal medicines sales

Mr S. Bootland, chief executive officer, British Distributors of Animal Medicines Association, claims that control of retail sales of animal medicines is both desirable and inevitable, but any regulation should be applied at a rate economic for the trade.

Speaking at the first annual meeting of the Association in Birmingham, Mr Bootland stated that BDAMA sought to "bridge the gap" between those bodies advocating professional control and those wishing to perpetuate the "unsatisfactory *status quo*". The Association had submitted firm proposals to the Government on Part III of the Medicines Act regulations, and support had been received from the National Farmers' Union and other associations. He felt that the efforts were proving successful.

The Ministry of Agriculture, Fisheries and Food, said Mr Bootland, would "welcome" a voluntary regulation scheme but as it was now generally recognised that any voluntary scheme would fail, a discussion with MAFF would be desirable. Unfortunately, it seemed that the Department had not learned anything from earlier consultations because it had made no attempt to reconcile divergent opinions.

Turning to the Department's decision to oppose medicines sale from vans on the farm, Mr Bootland said that farmers require the service, and should have it, but BDAMA had recommended strict regulation of sales and storage as withdrawal could well result in illicit sales.

## Warning on analgesics in breast milk

Breast-fed babies whose mothers are taking large doses of analgesics should be examined regularly according to the December *Adverse Drug Reactions Bulletin*.

Salicylates in small occasional doses do not enter breast milk in harmful amounts, but infants born to mothers who have taken large doses regularly during pregnancy have impaired platelet function. The bulletin warns that such doses taken by nursing mothers might have a similar

effect on their babies. Infants of mothers taking hypoglycaemic agents, propranolol, diazepam or phenobarbitone should also be examined regularly.

Nursing mothers should not be given thiouracil, iodides or radioactive iodine, alkylating agents, metronidazole, indandione anticoagulants, ergotamine or methysergides or antibiotics that are strongly antigenic, the bulletin adds. In women with impaired renal function, drugs which are mainly excreted by the kidneys may appear in breast milk in higher concentrations than usual.

## International award for return medicines campaign

A local unwanted medicines return campaign has won an international award as an outstanding public health project.

The "Spring clean for safety" campaign, run in Aberdeen last April, was entered by the town's Junior Chamber for the award—a trophy presented by a Mexican Chamber—at the World Congress of the Junior Chamber International at St Louis, Missouri, USA. The entries were judged on planning and execution, participation, community benefit, and benefit to the Junior Chamber. The campaign had been organised jointly by the local branch of the Pharmaceutical Society with the chamber, the Grampian Health Board and Grampian Police, and about 1½ tons of unwanted medicines were collected.

## RSH officers re-elected

Mr A. Aldington was re-elected chairman of the Royal Society of Health's Pharmaceutical Group on Monday, and Mr A. G. M. Madge was re-elected secretary. The Group's annual meeting also elected Miss Reynolds, Mr A. G. Gasson, Mr C. V. Hammond and Mr R. Clitherow as new members of the committee, and re-elected Miss Wallis for a further term on the committee.

## New edition of herbal pharmacopoeia available

The new British Herbal Pharmacopoeia Part 1 is available in hard-back form, incorporating sections 1, 2 and 3 of the BHP which were produced between 1971 and 1974.

Included in the volume are 116 monographs. The pharmacognostical section is based on original work and includes atlas, chromatographic and other references. The therapeutic section outlines the actions, indications and evidence of toxicity in therapeutic dosage.

The monographs are said to be unique, being founded not upon previously published work but, *de novo*, on the observations of practitioners, pharmacognosists and pharmacists. Pharmaceutical members of the scientific committee of the British Herbal Medicine Association responsible for the Pharmacopoeia included Mr H. Hall (secretary), Dr M. J. R. Moss, Professor E. J. Shellard, Mrs M. B. Robinson, Dr F. J. Evans, Dr T. J. Betts. The Pharmacopoeia (£25) is available from the BHMA, 50 Grays Inn Road, London WC1X 8LA.



## Ostermilk Complete Formula. The bottle feed for breast-fed contentment.

Ostermilk Complete Formula has been developed by doctors and nutritionists so that the protein and mineral levels are closer to those of breast milk than traditional milks. Clinical trials have proved that in comparison with traditional milks, babies fed on Ostermilk Complete Formula are more contented, are satisfied for longer periods between feeds, suffer less from regurgitation and severe wind and are less likely to have loose stools. Also there is a considerable decrease in napkin rash.

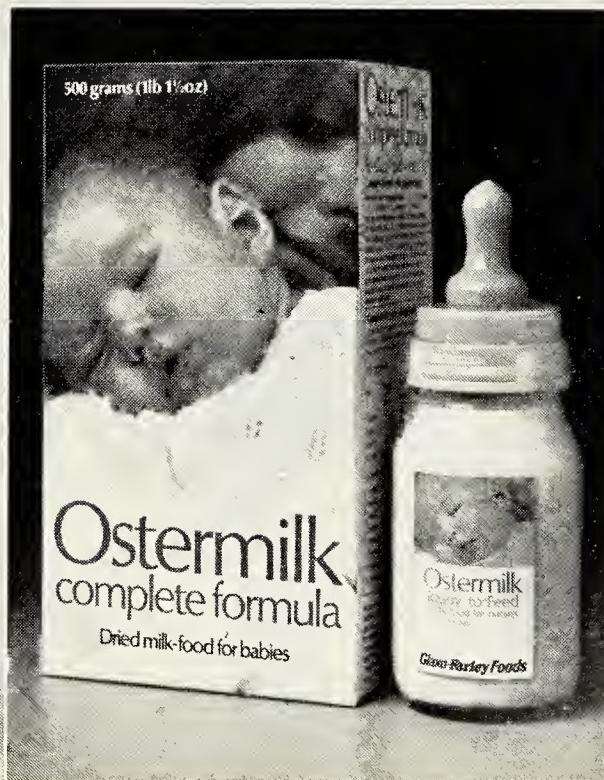
In addition, the lower phosphorus content virtually eliminates the risk of hypocalcaemia and possible neonatal tetany. The low solute\* content reduces the risk of hypernatraemic dehydration. And the presence of maltodextrin as the major carbohydrate helps to avoid the problems of transient, induced lactose intolerance.

For hospital use, Ostermilk Complete Formula is available as Ready-to-Feed milk-food for babies. This system provides individual sterilized feeds in disposable glass bottles. Consequently, nursing staff spend less time with preparation and are more free to care for mothers and babies.

Out of hospital, Ostermilk Complete Formula can be recommended right through until the end of weaning in a powder form which can be mixed easily and quickly in the bottle, without the need to add sugar.

### Ostermilk Complete Formula.

Modified milk-food for babies of all ages.



\*The sodium level of Ostermilk Complete Formula is 31mg per 100ml as fed.

# Trade News

## Meroacet gargle/mouthwash new pack

Meroacet gargle/mouthwash is the new name of Meroacet solution. As a first step in revitalising the product, Richardson Merrell Ltd, 20 Queensmere, Slough, Berks SL1 1LA, have introduced a 200ml (£0·39) pack size and new label, but they ask retailers to exhaust stocks of the old 150ml size as no credit for these will be given during the changeover.

## Night-nurse sales expectations

"Night-nurse stocks should now be at least twice those of a year ago", according to John Longden, Night-nurse brand manager, Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD. According to an independent audit of chemists' business during September and October, sales of night elixirs are running at twice the level of a year ago. With the main colds season still to come and with advertising campaigns coming up to their peak efforts, the company feels that the prediction that these remedies will match the turnover of the hot lemon treatments seems likely to be fulfilled. Beecham are urging chemists to replenish their stocks.

## Glucagon Novo price

The price of Glucagon Novo 1mg with diluent and syringe is £1·75 trade, not as stated last week (p765) in a printer's error.

## Vichy winter promotion

Introductory cleansing kits for every skin type will be available exclusively to chemists during December and January from Vichy (UK) Ltd, 1 Hay Hill, London W1X 7LF. The kits (£0·49) will contain trial size cleansing milk and tonic lotion and will be presented in a counter display unit with a supply of skin care leaflets.



## Encouraging response to Slimshow

The organisers of Slimshow Seventy-seven say that the initial response in the first month since the new exhibition was announced has been very encouraging. It will be held at Earls Court, London, May 13-18, and is said to be the first such exhibition aimed specifically at the slimming market. Mr John Gilbert, director of Klemetic Displays Ltd, 86 Westbury Lane, Buckhurst Hill, Essex IG9 5PW, comment: "We are on target with space reservations and have been heartened by the general response and opinions expressed from the 'producers and the reducers' for whom the exhibition is designed, and from various official health sources."

## Ronson's message

"Buy British" is the message which Ronson Products Ltd, Randalls Road, Leatherhead, Surrey, will be promoting this Christmas through their team of demonstrators who will be visiting shops up and down the country. A new crowner, printed in black, blue and red with a Union Jack symbol will be distributed by Ronson representatives for use in window and in-store displays.

## Stig Raven on show

On show at the International Spring Fair at the National Exhibition Centre, Birmingham, February 6-10, 1977 will be the products of Stig Raven Ltd, Beadle Way, Hethercroft Road, Wallingford, Oxon OX10 9EZ. Additions to their range of storage cabinets are strong, dark blue painted metal cabinets with easy-to-handle, styrene drawers and a swing storage unit system incorporating canoe-shaped plastic trays which fit on top of each other; a set of five or ten trays are linked together with a wall fixing hinge.

The company has added three new handmirrors to the Reflections range, one with an offset, extra long handle and plain and magnifying glasses, one with a centre handle and plain and magnifying glasses and one with a centre handle and a plain mirror.

## Shades of Leichner

"Nail splices" are three new shades of nail varnish from L. Leichner, (London) Ltd, 436 Essex Road, London N1 3PL. Shades 31, 32 and 33 are described respectively as a hot, deep and peppery red, an allspice amber and a clover mauve, designed to match the colourful peasant, folk-art and ethnic winter cover-up clothes of shawls, capes and leg warmers.

To complete the Leichner look for winter the company has also introduced a powder blusher, Turn-on Tawny, in their Kamera Klear range, three new lipstick shades, sippin' cider, plum brandy and cherry punch and Flash-lash brush-on mascara in four shades, real brown, jet black, gun grey and navy blue.

## Pifco anticipate another scorcher

Last summer's heat-wave caused sales of fans to soar and Pifco Ltd, Failsworth, Manchester M35 0HS, feel that at the first sign of another scorching next summer the spending spree will begin again. For this reason the company has introduced two improved fans; the 1072 junior fan supersedes model 1062 and whereas it originally had only 3 soft blades it now has five

6½in stiff blades and a chrome-plated safety guard. The 1073 de-luxe fan also has five stiff blades, an interference free induction motor wall mounting option.

## Perfume poster

A poster depicting a "family tree of perfumes" is now available from Haarmann & Reimer GmbH, Postfach 138, 3450 Holzminden, West Germany. The demand for their publication "H&R Genealogy of the Extrait Perfumes" was so great that the company decided to produce this wall-poster. It is based on a vertical time scale from 1900-1975 together with a horizontal division into types of odour, and shows at a glance the wealth of fragrances offered on sale since 1900.

## Innoxa offers

Three consumer offers have been organised for January 1, 1977, by Innoxa (England) Ltd, Innoxa House, 436 Essex Road, London N1 3PL. One & All hand cream and Free & Easy roll-on deodorant will be packaged together in a pink box with a see-through window (offer price £1·48); solution 41 and skin shampoo 41 will be sold together in a banded pack (offer price £1·40) and the cleansing milk and skin freshener or astringent will also be available in a banded pack (offer price £1·80).

The company has introduced three new shades their Jewelfast lipstick range—rose wheat, pink oatmeal and barley peach.

## Micronor order raised

When stocks of the existing 10 x 42 outer pack of Micronor are exhausted, anticipated around December 17, Ortho Pharmaceutical Ltd, Saunderton, High Wycombe, Bucks, are to introduce a 50 x 42 minimum direct order quantity (single packs from wholesalers).

## Macleans in lead

The latest figures from the Television Consumer Audit prepared by Audits of Great Britain place Macleans toothpaste in the front of the toothpaste market, according to Beecham Proprietaries. There has been an increase of 3 per cent since the last audit giving Macleans a 22 per cent volume share in the four weeks ending November 16; Colgate dental cream held 21 per cent and Crest 13. The rest was divided as follows; Signal 9 per cent, SR 8 per cent, Aquafresh 7 per cent and Ultrabrite, Cherish and Close-up each with 4 per cent. The toothpaste market is currently valued at £48 million a year at retail selling price.

## Albion soap repackaged

For the first time in 100 years, Albion Soap Co Ltd, 77 Station Road, Hampton Middlesex TW12 2DX, are to change the packaging of Albion milk and sulphur skin soap. It has been decided that the old pack is not appealing to certain consumers—teenagers with complexion problems—so after considerable research not only has a new pack been introduced but the name will be changed to Albion skin soap to make it easier to remember (see also C&D, May 29, p772).

## New Earex factory

From January 1977 Earex eardrops will be manufactured at a new factory in Crediton, Devon, orders however should still be sent to Earex Products Ltd, 3 Miles Buildings, Bath, Somerset BA1 2QS.

**British Tissues promotion**

Savings on a choice of Philips electrical products are offered by British Tissues, 101 Whitby Road, Slough, Berks HA3 8BS. Details of the offer are carried on the following packs—Dixcel twinpack toilet rolls, plain kitchen towels and facial tissues and Glen twinpack toilet rolls. Proofs of purchase, one each from two of these products, will enable the consumer to buy a hairdryer, an automatic toothbrush set, a Compact 90 shaver or a Home Trim hairdresser, for savings of between £2 and £5. There is also a free make-up bag with every redemption. A special incentive is available to the trade together with supporting point-of-sale items.

**Special Ritz price**

Two products from Charles of the Ritz Ltd, Brook House, Park Lane, London W1Y 4EU, will be on offer at a special price from January 1, 1977, Feather Touch cleanser and skin freshener will be supplied in a "carry-home" pack (£5.75).

**Brovon inhalant prices**

The trade price of the new 20ml size of Brovon inhalant introduced by Napp Laboratories Ltd, Hill Farm Avenue, Leavesden, North Watford, Herts, is £0.68. The price given in C&D, November 27, p733, £1.10—is the retail price.

**Remington's Press campaign**

The advertisements in the Christmas "booster" campaign for electric shavers from Sperry Remington Consumer Products, Apex Tower, High Street, New Malden, Surrey KT3 4DL, will be appearing as half pages in the *Daily Mail*, *Daily Mirror*, *Sun* and *Daily Record*, and in large spaces in the *Daily Express*, *Daily Telegraph* and *News of the World*.

**Confident launch**

Confident, the sugar-free chewing gum which has been on test in London and Southern television areas, will be launched nationally in the new year by Food Brokers Ltd, Milburn, Copsem Lane, Esher, Surrey, with major television and other media support.

**Improved Clearasil**

Richardson Merrell Ltd, 20 Queensmere, Slough, Berks SL1 1LA, have announced that they have improved their Clearasil cream medication by adding an antibacterial agent, Triclosan, to the keratolytic cream, which the company claims makes the cream more effective, particularly when used in conjunction with Clearasil soap.

**Colsor lotion available**

Colsor lotion (10ml, £0.25) has been introduced by J. Pickles and Sons, Pickles House, Church Lane, Knaresborough, North Yorks, to complement Colsor cream. Available in outers of 24, the lotion contains phenol 0.5 per cent, camphor 5 per cent, menthol 0.5 per cent, and tannic acid 5 per cent.

**Bonus offers**

J. Waterhouse & Co Ltd, Church Street, Ashton-Under-Lyne, Lancs. The bonus on Nurse Sykes powder and tablets, Jacksons Febrifuge and Croupline is extended until the end of January.



## on TV next week

- Anadin: All except E
- Aspro Clear: All areas
- Beecham powders: All except WW, So, We, E, Cl
- Bic razors: All except E
- Black Label: All except E
- Blue Stratos: All areas
- Braun: All except E
- Cachet: All except Ln, So, U, E, Cl
- Censored: All except E
- Chique: All except E
- Complan: All except M, Lc
- Contac 400: All areas
- Crest: All except So, G, E
- Denim: All except U, E
- Disprin: A
- Earth Born shampoo: Lc
- Flair: All except E
- Hai Karate: All except E
- Herbal Sensation: WW
- Kodak camera outfit: All except E
- Laughter: All except E
- Milgard: U
- Milton crystals: M
- Night-nurse: All except E
- Oil of Ulay: All areas
- Old Spice: All areas
- Philips Ladyshave: Ln, M, Sc, WW
- Polaroid Colour Swinger: All areas
- Ronson: All areas
- Sequana: Lc
- Signal: All except U, E
- Stowaway: All except U, E
- Sunsilk hairspray: All except U, E
- Sven: All except E
- Tabac: All except E
- Three Wishes foam bath: Lc, WW, Y, NE
- Vu: Sc, NE, G
- Zendiq: All areas

# New products

**Cosmetics and toiletries****Orlane launches**

The Masque Gee Rafermilane (£4.95) is being launched this month by Jean D'Albret Orlane as a companion to their Rafermilane cream. Next February the company will be adding creamy eye shaders to their range of products. The shaders will be in six colours, packaged in a transparent bottle with an automatic applicator in the cap (£3.75).

Next March Orlane will be adding a foundation cream to their B21 range, called B21 Maquillage (£8.50) it will be available in six shades and will be presented in a frosted glass jar.

The Orlane gift for February is a scarf which will be presented to purchasers of two or more products from the company's range of skin care preparations. The scarf is 27in wide in a silky twill material and the design combines a striped border with a representation of the Orlane "O" (Jean D'Albret Orlane, 125 High Holborn, London WC1V 6QX).

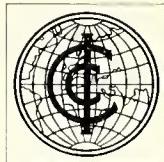
**Cardinelli nails**

Cardinelli have introduced a resale pack for false fingernails under the name of Nail Perfect (£2.50). The windowed carton contains all requirements and instructions to "paint on" up to 50 nails (Cardinelli Beauty Products Ltd, 266 Holloway Road, London N7 6NE).

**Strong nails from Max Factor**

Max Factor are introducing Stronghold Nail Guard (£0.60) for sale from February 1, 1977. The nail varnish will be available in 11 shades, including natural, and the manufacturers promise that it will provide long-wearing, chip-and-peel-resistant colour. It is presented in a spill-proof bottle with a special wiper said to pre-measure the right amount of nail colour to coat each nail (Max Factor Ltd, 16 Old Bond Street, London W1X 4BP).





# International Chemical Company Limited

announce the following prices effective from 6th December 1976

Product Code	PRODUCT/PACK DESCRIPTION	Retail selling price per retail pack excl. VAT	Retail selling price per retail pack incl. VAT	Retail packs per std. outer
003	'ANADIN' 4s	5½	6	48
004	'ANADIN' 8s	10	11	48
008	'ANADIN' 20s (shrink wrapped)	22	24	24
009	'ANADIN' 20s (shrink wrapped)	22	24	48
013	'ANADIN' 50s (shrink wrapped)	37	40	12
014	'ANADIN' 50s (shrink wrapped)	37	40	6
016	'ANADIN' 100s	58½	63	6
068	'ANBESOL' for mouth ulcers	24	26	12
050	'ANNE FRENCH' Cleansing Milk 37 cc	16½	18	12
051	'ANNE FRENCH' Cleansing Milk 84 cc	28	30	12
052	'ANNE FRENCH' Cleansing Milk 206 cc	48	52	6
053	'ANNE FRENCH' Moisture Cream Cleanser Tube	23	25	12
054	'ANNE FRENCH' Moisture Cream Cleanser Jars	39	42	6
055	'ANNE FRENCH' Golden Tan	20½	22	12
056	'ANNE FRENCH' Lotion Moisturiser 37 cc	27	29	12
057	'ANNE FRENCH' Lotion Moisturiser 84 cc	53½	58	6
071	'BISMAG' Powder standard	20½	22	12
072	'BISMAG' Powder large	30½	33	12
073	'BISMAG' Tablets 75s	17½	19	12
074	'BISMAG' Tablets 165s	30½	33	12
082	'BISODOL' Powder standard	21½	23	12
083	'BISODOL' Powder large	37	40	12
085	'BISODOL' Tablets 30s	17½	19	12
086	'BISODOL' Tablets 100s	40	43	6
103	'COMPOUND W'	19½	21	12
107	'DRISTAN' Nasal Mist	40	43	12
106	'DRISTAN' Tablets (Chemist Only)	43½	47	12
108	'FIBROSINE' Balm	25	27	12
111	'FREEZONE' Corn Remover	19½	21	12
114	'GLOW 5' Beauty Mask Sachet	12	13	24
115	'GLOW 5' 3 Sachet pack	28	30	12
173	'HAEMORRHOIDAL SPRAY' (Chemist Only)	65	70	6
118	'IMMAC' Cream Sachet	12	13	24
119	'IMMAC' Cream 27 g	28	30	12
120	'IMMAC' Cream 54 g	45½	49	6
124	'IMMAC' Spray Hair Remover 187 g	91½	99	6
128	'IMMAC' Lemon Spray Hair Remover 187 g	91½	99	6
121	'IMMAC' Lotion 128 g	49	53	6
135	'KOLYNOS' Super White Dental Cream 32.5 cc	16½	18	12
136	'KOLYNOS' Super White Dental Cream 50 cc	23	25	12
138	'KOLYNOS' Chlorophyll Toothpaste 27 cc	16½	18	12
139	'KOLYNOS' Fluoride Toothpaste 32.5 cc	16½	18	12
150	'KOLYNOS' Denture Fixative 19 g	18½	20	12
151	'KOLYNOS' Denture Fixative 49 g	32½	35	12
159	'POWERIN' Tablets 12s	15½	17	12
160	'POWERIN' Tablets 30s	29½	32	6
164	'PREPARATION H' Ointment 27 g	29½	32	12
165	'PREPARATION H' Ointment large	50	54	6
166	'PREPARATION H' Suppositories 6s	22	24	12
167	'PREPARATION H' Suppositories 12s	38	41	6
169	'PREPARATION H' Suppositories 24s	73	79	6
175	'SEK' Ointment	28	30	6
177	'TARGON' Oil and Tar Remover	20½	22	12

\*Fixed price for medicinal products

# Professional News

Pharmaceutical Society of Great Britain

## Society plans expenditure cuts in 1977

The Pharmaceutical Society is formulating plans to reduce expenditure next year.

A special meeting of the Finance and General Purposes Committee reviewed in detail the estimates of the Society's expenditure for 1977, and put forward recommendations to effect substantial savings, to which the December Council meeting last week agreed. Among the recommendations were abolition or amalgamation of some committees; and reductions in expenditure on travel, on medal lectures, and on the British Pharmaceutical Conference. There will also be some staff reductions, and a saving will result from the abandonment of the Society's regional organisation.

The Education Committee discussed the possibility of reducing the quantity of careers material distributed, in order to reduce the Society's expenditure. The Committee decided that the information contained in the "Entrance requirements" booklet was invaluable for careers officers and was currently not available to them from any other source. It recommended, therefore, that a cheaper and abridged form of the booklet should be produced. It was also recommended that the distribution of all the remaining careers material would be kept to a minimum.

The Committee also recommended, and the Council agreed, that, in the light of the Government's decision to increase the annual tuition fee for postgraduate courses and research to £750, and the Council's aim to reduce expenditure, the Society should award only nine or ten post-graduate scholarships in 1977-78. In each case the full tuition fees would be paid. It was also confirmed that there should be no departure from the policy of supporting graduates until the completion of their research, for up to three years.

Despite a request at the branch secretaries' meeting that preregistration students should be included in the calculation of branch grants, the Organisation Committee recommended, and the Council agreed, that they should not, because it would cost in excess of £1,000.

### Preregistration year objectives

The Council decided to begin a reappraisal of the conditions and objectives of the preregistration year. The Education Committee recommended, and the Council agreed, that the Society should circulate an inquiry to various interested persons and bodies, seeking their views.

The secretary and registrar, Mr D. Lewis, drew attention to the criticism that had been aroused by the Council's decision to wind up the Society's regional committees. The Council referred the complaints to the Organisation Committee.

Mr Lewis announced with regret the death of Dr A. L. Glenn, of Alderley

Edge, Cheshire, Dr Glenn qualified in 1942, after serving his apprenticeship in Northampton. In 1947 he had been awarded one of the Society's research scholarships and studied at the School of Pharmacy, University of London, obtaining a PhD in chemistry. He had remained at the school for 24 years before being appointed senior lecturer in the pharmacy department of Manchester University. Mr Lewis described Dr Glenn, whom he had known for many years, as a remarkable character. The loss would be felt keenly by all who had known him.

After discussing the question of a name for the Society's new headquarters, the Council agreed that it should be known only as No 1 Lambeth High Street, Miss Maureen Tomison, the Society's Press secretary, is in future to be known as head of publicity.

### Clinical pharmacy forum

A discussion forum on clinical pharmacy is to be held at the Society's headquarters on February 23, 1977, at the suggestion of the hospital pharmacists group committee. The forum will be self-financing, that is, no expenses are to be offered to those attending, including speakers, and it is to be unrecorded. Among those to be invited to attend are people involved in clinical pharmacy practice and representatives of schools running MSc courses in clinical pharmacy.

The Society is to ask the chief pharmacist at the Department of Health what official action is being taken to ensure that, in future, hospital pharmacists will have purpose-built laboratories to encourage research and investigational work. In addition, a notice is to be included in the next hospital pharmacists group newsletter asking members for evidence on which hospitals have pharmaceutical research laboratories.

The industrial practice subcommittee agreed on a redraft of its constitution which is to be discussed at the annual general meeting of the Industrial Pharmacists Group on March 17, 1977. The industrial pharmacists group is to hold a meeting on "Establishment of bioequivalence", on March 17, 1977, after its annual meeting. A meeting of the group is also to be held, in London, in late May or early June, on the subject of excipients.

The subcommittee recommended, and the Council agreed, that there should be no change in the present membership of the industrial pharmacists section of the International Pharmaceutical Federation. It had been explained to the subcommittee that a non-pharmacist could become a member of FIP but that when the industrial pharmacists section of FIP had been established it had been decided that members had to be pharmacists actively

engaged in the industry. The view was also expressed that if membership were widened to include non-pharmacists it could conflict with the Society's contention that the "responsible person" in the pharmaceutical industry should always be a pharmacist.

The subcommittee recommended, and the Council agreed, that the Society's membership be reminded that when a manufacturer stated that a product should be stored in an amber container, it was also intended that it should be dispensed in an amber container.

Population Countdown, the family planning international campaign, is to be informed that the Society has no objection to its making individual approaches to pharmacists to discuss the possibility of collecting units in aid of voluntary family planning being placed in pharmacies.

### Training for family planning education

Discussions are to be held with the educational unit of the Family Planning Association to discuss the contents of courses which might be organised for pharmacists on family planning appreciation, to assist them in participating more fully in the education of the public in all matters of family planning. However, it was agreed that the discussions would place the Society under no obligation to agree to such courses.

Secretaries of Area Pharmaceutical Committees are to be informed that the Society does not propose to suggest any change in the present arrangements whereby pharmacists in general practice obtain supplies of hospital H only drugs ordered on forms FP10. The Society is to hold a meeting with the Pharmaceutical Services Negotiating Committee to discuss the dispensing of liquid medicinal products in amber containers.

### 'No' to numbered FP10s

The Department of Health is unconvinced that the issue of serially numbered prescription forms would result in an improved rate in identifying stolen forms.

The Department has also informed the Society, the general practice subcommittee was told, that the words "pharmacy" or "pharmacist" are now to be used, as appropriate, throughout forms FP10 in place of the word "chemist". However, the Department has decided that the words "as overleaf" should still be entered on the declaration at the foot of the reverse of the form when the address was given overleaf. The Society is to write again to the Department stating its view that it is unnecessary to endorse prescriptions "as overleaf" when the address is overleaf.

Chemist contractors are to receive copies of *Current Problems*, issued by the Committee on Safety of Medicines, it was reported to the Practice Committee. Copies will be sent by a medical mailing company. The CSM had also indicated that it will supply the Society with further copies for distribution on request.

The Society is to inform the Association of the British Pharmaceutical Industry that in future it would like to be consulted before future editions of its code of practice are published. The current code had been drawn up after consultation with only the British Medical Association.

Socialist Medical Association

# Faults and benefits of State pharmacy in Sweden

"I am disappointed that a socialist government does not seem to be terribly responsive to the planned distribution of pharmacies and the monopolistic distribution of drugs", Mr David Dalglish, a member of the Pharmaceutical Society's Council, told a meeting of the Socialist Medical Association in London on Monday. Mr Dalglish was reporting on a visit to Sweden as part of an SMA delegation, the other member being Mrs Sylvia Martin who also spoke at the meeting.

Mr Dalglish said it was first necessary to understand the Swedish environment—a population of eight million who had been ruled for 24 years by one party until this year, and who were overtaxed with about 63 per cent of income deducted. But against that could be set a breath-taking array of social services, with 8 per cent of the gross national product being used for public health and medical care.

### **Obsession with distribution**

The State pharmaceutical company, Apoteksbolaget, was set up in 1970 and given the monopoly of retailing drugs for 15 years. It was organised as a multiple company based on regions coinciding with the seven regions of public health. Its board of directors comprised a pharmacy manager, a pharmacy technician, a representative from the Ministry of Health and Social Affairs and, as its president, an economist—Mr Dalglish found the president "obsessed" with the question of distribution and he seemed to think the corporation should not become involved in matters such as health education.

Control of pharmaey did not happen overnight, said Mr Dalglish, as since 1923 pharmacies could only be sold to other pharmacists on the basis of value of fixtures and fittings. There was also licensing of pharmacies, and pharmacy planning was now an important part of the Apoteksbolaget's social responsibility. It took two basic approaches—pharmacies should be sited as close as possible to prescribers and in centres where the general public did its shopping. In Britain there was a tendency towards pharmacies being in health centres, but the community need must be borne in mind and Sweden seemed to have developed a nice balance, said Mr Dalglish. This readiness to adapt to the needs of the community was illustrated by figures for the past four years—19 new dispensaries (17 in hospitals), 10 new dispensaries in health care centres, 16 moved to health care centres, 6 new in medical stations, 21 new in suburban centres and 32 moved to better sites for service.

Describing the system of drug distribution, the speaker said that, to some extent, all outlets were supervised by pharmacists and patients had free access

to medicines in a controlled environment.

There were two levels of pharmaceutical qualification. The pharmacist had four years at university; the prescriptionist one to one-and-a-half years in a pharmacy plus one-and-a-half years in university (these could dispense prescriptions in their own right and control smaller apoteks but with responsibility to a pharmacist); the pharmacy technician did a two-year course at secondary school plus a supervised apprenticeship in an apotek. The apoteks provided excellent conditions—for example, showers, changing rooms, canteens, etc. They were well staffed, yet one with 17 personnel and a pharmacist in charge was doing no more prescriptions than Mr Dalglish at his own pharmacy. Another pharmacy provided services such as pregnancy testing, and provided unit-dose packaging for an old people's home (which the pharmacist had visited and met patients and staff, assessing the needs of the patients). It had a sterile laboratory with laminar air flow, gave advice on the price of drugs (including leaflets on comparative costings) and had an experimental computer terminal which provided the pharmacist with information on drug interactions, etc. The maximum that a patient could pay for prescriptions was 20 Krone per month, though there were certain exemptions for medical and social conditions.

### **Wholesaling and industry**

Wholesalers in the past had dealt with the products of specific manufacturers but now ADA—owned by Apoteksbolaget—had 70 per cent of the market. In industry, the Kabi group was State-owned and had 14 per cent market share. There was co-operation with privately-owned companies—for example, a new fermentation plant had been set up in collaboration with Astra. There were yearly meetings of the heads of the research departments to discuss areas of co-operation.

Mr Dalglish believed Sweden had started to get to grips with drug promotion: 40 per cent of representatives in training were pharmacists, the majority had degrees and they were an important source of information. Seminars in which several manufacturers participated were held for discussion on drugs, and expenditure on entertaining was strictly limited.

On worker participation on industrial boards, Mr Dalglish said he was impressed by the way unions trained their officials in management techniques. They were elected by their fellow workers and served only about two years to ensure they did not become "part of the establishment". Mr Dalglish had visited Astra where the workers were hesitant about nationalisation and indicated that they would not accept it without being sure there would

be benefits—and there were fears of redundancy. His conclusion on the nationalisation of Kabi had been that it had made very little difference, except that the profit was going to the State and that the Government had an *entrée* into the industrial "club" through it.

However, Sweden was a highly disciplined society and might accept things that would be unacceptable in Britain—and on the retail side the infra-structure had been present before nationalisation. Integration had brought immense benefits to both pharmacist and patient in terms of distribution and accessibility of pharmaceutical services, with no wasteful duplication of resources. But Mr Dalglish was sorry there was no registration of patients with pharmacies. There were many lessons to be learned from Swedish experience "and the sooner we move towards a similar rationalisation, the better for pharmacy and the general public".

### **No ward pharmacy**

Mrs Martin reported that the delegation had been only to the Karolinska hospital—the best in Stockholm with over 1,600 beds. The pharmacy had staff of 100 of whom 40 were pharmacy graduates. Ward pharmacy was not practised—treatment cards remained on the wards and printed requisition sheets for ward stocks were sent to the pharmacy every morning by the nurses. Doctors were not free to prescribe any drug they liked; they must work from a list agreed by the hospital drugs committee. There was no control on antibiotics as these were on the list of drugs that could be ordered by a sister or nurse. Tablets and capsules were always supplied to the wards in complete packs, but ward stocks were checked by the pharmacist only every six months—and then only for out-of-date stock. However, pharmacists did look at disinfectant cupboards and replaced IV fluids weekly.

Out-patient dispensing was similar to that in the apoteks, even making use of mechanical conveyors between different working and checking areas. Some of the pharmacy staff acted as "shop assistants" for baby products and dressings which were available from stands.

There was heavy emphasis on quality control, with a staff of two chemical engineers and one pharmacist. Production was economically separate from the pharmacy—it was one of seven units equipped to manufacture different types of product and it supplied apoteks as well as hospital pharmacies.

Mrs Martin said she was struck by the absence of a feeling of "urgency"—staff did not seem to have enough to do. There was no organised on-call system as it was not considered necessary, and the career structure left a lot to be desired, being "the chief pharmacist and the rest". As no time was spent on the wards, there was little contact between pharmacy staff and the nursing and medical staff. Clinical pharmacology was not taught at university and because they did not see treatment cards, pharmacists had no opportunity to point out incompatibilities, interactions or incorrect doses.

Mr Philip Crees reported to the meeting on a further visit to the USSR, to which SMA sent an earlier study group (see *C&D*, November 24, 1973).

# STELAZINE

**'Stelazine'\* brand of trifluoperazine hydrochloride tablets are sold only as a blue biconvex sugar-coated tablet which is a trade mark of Smith Kline & French Laboratories Limited**

**A Writ No. 1976-S-No. 9138 for passing off has been issued against an imitator of this trade mark**

**SK&F**

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# Letters

## Society's regions

Re the future of the Society's regions. The proposed postgraduate education committees will be committees of the Regional Health Authority. As these new committees have the right of executive action, albeit within established policies, it is apparent that the Society is effectively devolving control of postgraduate education.

Although regional secretaries were consulted, I suggest it is somewhat presumptive of the Society's Council to disband regional committees without consulting the members of these committees—that is the branch representatives. If the present regional committees are disbanded without the opportunity for discussion amongst regional and local representatives, the goodwill of many branches will be lost. How can the branch membership be expected to support some new RHA committee if it has replaced a well organised regional committee on which their branch had direct representation?

The problem of achieving and maintaining branch interest in either a regional structure or a regional education programme largely depends on the officers and committee within a region. I suggest that if the current organisation of post-graduate education is not working in some regions, it is most unlikely to be improved by the proposed new RHA committees, especially in the running of courses relevant to general practice pharmacy. If there was no other reason than to administer postgraduate education, I believe the Society's regional committees should continue. Our regional committee undertakes a number of other useful roles and has assisted the communication between branches.

To have reached the decision that the Society's regions should continue without regional committees appears to indicate a somewhat confused discussion at the November meeting of Council.

I suggest Council should reconsider the proposed new postgraduate education committees and ensure publication of an explanation of the composition, objectives and financing of the current and proposed regional committees.

**Jane Nicholson**

Slough Branch, Pharmaceutical Society

## LPC conference

Regarding Xrayser's "Topical reflections" on the conference of Local Pharmaceutical Committees, I am entirely in agreement that the pharmacist employed by a company ought to have a say in the contract between the FPC and the company which employs him or her.

Regarding the emotive nature of discussions at the conference, it must be remembered that at the 1975 conference a

proposal was passed—"that the principles of the basic practice, ancillary and locum allowances, be introduced into the new contract". Many feel that the deal is not valid without the whole package, and I particularly consider that the new contract cannot be considered in isolation from the small pharmacies scheme. Pharmacies with under 9,000 prescriptions may or may not be getting any help at all, and this defeats the whole object of the new contract—which was to maintain a pharmaceutical service in general practice over the whole country.

The "rarified atmosphere of higher mathematics" could have come down to earth had more of us seen the informative article by Booth and Jones of the Bradford University pharmacy practice research unit in the Society's journal of the weekend of the conference. I for one was ill prepared and the conference did nothing to give me confidence regarding the "new contract".

**Enid Lucas-Smith**  
Berks Pharmaceutical Committee  
Langley, Berks

# Books

## Croner's reference book for the self-employed

Editor, Daphne Macara. *Croner Publications Ltd*, 46 Coombe Road, New Malden, Surrey KT3 4QL. Loose-leaf binder 8½ x 7in. Pp352. £11.90 including postage and one year's monthly amendments.

Designed both for the self-employed and the smaller business, this work covers over 17 Acts of Parliament and is updated throughout the year as part of the price. Its sections cover taxation, value added tax, national insurance, employment, health and safety at work, sale of goods and services and some other miscellaneous legislation. Each section is divided according to Act, etc, with the main provisions concisely explained and set out for easy reference.

## Taking the rough with the smooth: Dietary fibre and your health—a medical breakthrough

Dr Andrew Stanway. *Pan Books Ltd*, Cavaye Place, London SW10 9PG. 7 x 4½in. Pp 255. £0.70.

"This is no book for the food faddist or 'health food nut'—it's more a way of looking at the food we eat with new eyes," writes Dr Stanway, claiming that for most of this century dietary medicine has concentrated on curing the deficiency diseases, "but staring us right in the face has been the greatest dietary deficiency of all: a lack of dietary fibre." He discusses the increasing evidence that many serious diseases of affluent Western countries are associated with a fall in the fibre content of food—obesity, bowel disorders, tooth decay, diabetes, gallstones and coronary disease may all be prevented by changing to a high fibre diet. A large section of the book is devoted to practical advice on how such a diet can be adapted easily to everyday life, with over 100 recipes and lists of which foods to eat and which should be avoided.

# Company News

## Favourable half year results for Sangers

Commenting on the results for the half year to August 31, the chairman of Sangers Group Ltd, Mr H. T. Nicholson, said they showed "a most satisfactory improvement" compared with the corresponding period of last year. Sales at £40.7m were up 28 per cent and pre-tax profit at £1.2m was 42 per cent up.

Trading in the second half year is producing profits in line with the company's forecast despite some erosion of margins compared with the first half year. To some extent this reflects the costs of the launch of the chemist gift token scheme but, says the chairman, "we believe the scheme has a good future with prospects of providing a positive cash flow".

Since the rights issue in the autumn of 1975, the company has investigated various possibilities for diversification, and has now taken an introductory step by purchasing an interest in the field of optics. "We are pursuing this new venture with vigour so as to provide a significant contribution to group results in the future," reports Mr Nicholson.

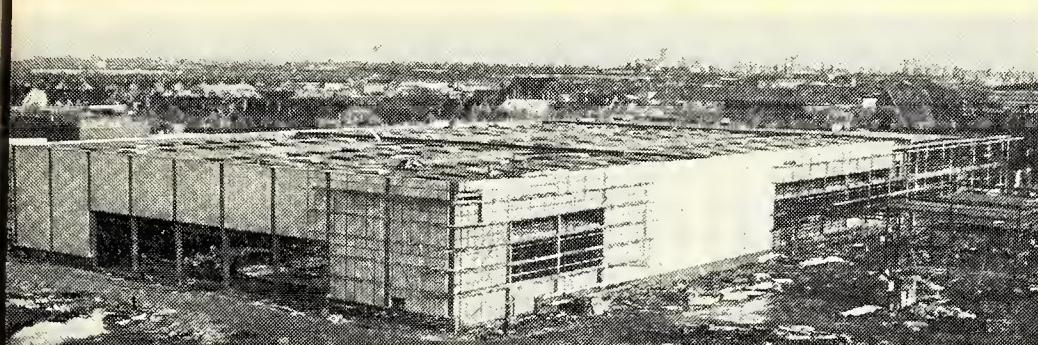
## Reckitt invest a further £0.5m in new extension

Continually improving overseas prospects have encouraged a further £0.5m investment in a new pharmaceutical factory being built for Reckitt & Colman Ltd in Hull, it was revealed at the "topping out" ceremony on the £6.5m project recently. The extension, which will be largely a covered marshalling and loading bay and offices, will not create any new jobs in the plant itself but it will liberate more warehouse space and permit rapid expansion of the facilities as world-wide demand grows.

"After temporarily suspending work due to the economic problems of 1975," said Mr R. Wing, managing director of the pharmaceutical division, "we re-activated this project at a slightly reduced level earlier this year and have progressively been able to "add back" all the main elements of the original plan". When completed at the end of next year the new factory will be one of the most advanced in the country. The value of the work completed to date stands at just over £2.3m. In the coming months a further £3.3m of internal and external construction work will be carried out and more than £1.4m worth of production plant and equipment will be installed.

## Briefly

**NCR Corporation** and the USSR have signed five-year agreements aimed at the application of electronic retail systems in Soviet department stores, supermarkets and restaurants.



The £6.5m factory for Reckitt & Colman pharmaceutical division where another £0.5m extension is being included in the building programme to cope with world-wide business growth (see story below left)

## Appointments

**Medico-Pharmaceutical Forum:** The following have been elected officers from January 1, 1977: Mr I. McG. Boden, chairman, Dr T. J. Thomson, vice chairman, Dr A. B. Wilson, treasurer, Mr R. T. Hewitt, secretary.

**Haarmann & Reimer Ltd:** Mr Carl Apel has been appointed to the newly created position of managing director.

He joined the parent company in Germany as an apprentice in 1949 and was appointed sales director of the UK subsidiary when it was established in 1966.

**Billington Group of pharmacies:** Mr John Indge has been appointed manager of the newly acquired pharmacy at 93 Darlington Street, Wolverhampton, and is succeeded as manager of the Sutton Coldfield branch by Mr Graham Ridge. Mr Martyn Harris

has been appointed manager of the High Street, Smethwick, branch. Mr David Farnaby is now manager of the Brandhall branch, and Mr Seth Appiah moves from Brandhall to manage the Halesowen branch.

**Yardley of London Ltd:** Mr Michael Oliver has been appointed to the newly created post of product manager, skin care. He was previously marketing manager with Rochas UK, following 2½ years with Max Factor as product manager.

Mr Terrance Tietjen has been promoted to assistant chief accountant, and Mr Ian Diggles is now senior financial accountant.

**Wm. R. Warner & Co Ltd:** Dr E. William Witherspoon has been appointed medical director and will have overall responsibility for the company's programme of clinical trials, as well as providing a technical advice service to medical practitioners. He formerly held medical appointments with the Wellcome Foundation Group (Australasia).

## Coming events

### Monday, December 13

**Enfield Pharmacists' Association**, Postgraduate medical centre, Chase Farm Hospital, Enfield, at 7.45 pm. Mr W. Davidson (Thos Rochfords) on "How to make the most of your house plants".

**Southampton Branch, Pharmaceutical Society**, Postgraduate medical centre, Southampton General Hospital, Tremona Road, Southampton, at 7.30 pm. "Contact lenses; modern developments in manufacture and care".

**Teesside Branch, Pharmaceutical Society**, Postgraduate centre, West Lane Hospital, at 7.45 pm. Mrs P. Coates (St John Ambulance) on "First aid".

### Tuesday, December 14

**Bromley Branch, Pharmaceutical Society**, Wellcome Research Laboratories, Langley Court, Beckenham, at 8 pm. Mr C. W. Barrett (area pharmaceutical officer, City and East London AHA) on "Development in drug information".

**Fife Branch, Pharmaceutical Society**, Conference Hall, Victoria Hospital, Kirkcaldy, at 7.45 pm. Dr J. Chilton (resident secretary in Scotland) on "Medicines Act : New regulations".

**South West Metropolitan Branch, Pharmaceutical Society**, Organon Laboratories Ltd, Crown House, London Road, Morden, at 7.30 pm. Family Planning Association speaker on "Sociological aspects of oral contraception".

### Advance Information

**Chelsea Pharmacy Students' Association**, Annual dinner and dance, Rembrandt Hotel, Thurloe Place, London SW7, Friday January 28. Tickets £5.50 single, £10 double. Details from Miss S. Williamson, Social Secretary CPSA, c/o Pharmacy department, Chelsea College, Manresa Road, London SW3 6LX.

## Sangers Group

### 42% profit increase INTERIM RESULTS

	Half Year to 31st August, 1976.	Half Year to 31st August, 1975.	Year to 29th February, 1976.
	£000	£000	£000
<b>Sales</b>	<b>40,722</b>	31,938	<b>65,138</b>
<b>Profit before Tax</b>	<b>1,216</b>	855	<b>1,880</b>
<b>Profit after Tax</b>	<b>584</b>	385	<b>837</b>
<b>Dividends</b>	<b>1.8p</b>	1.6p	<b>5.28p</b>
<b>Earnings per Share</b>	<b>6.81p</b>	5.90p	<b>10.83p</b>

- \* Half-year results again show most satisfactory improvement.
- \* Sales up by 28% and pre-tax profits by 42%.
- \* Gift Token Scheme for independent chemists should provide positive cash flow.
- \* Significant contribution expected from diversification into optics field.

**THE SANGERS GROUP LIMITED**  
Cinema House 225 Oxford Street London W1R 1AE

## FCL Medical Supplies

### New British Drainage Bags

Competitively priced. Ex-stock delivery. New high quality urine drainage products from F.C.L. Medical Supplies, a division of Food Containers Limited. — Now available to Chemists' Wholesalers

#### Two litre drainage bags

Extruded to size, no side welds. Very strong two way stretch material. Complete with non-return valve, tube and end cap. Clear printing. With or without drain-off facility.

#### 350 ml Leg Bag

Sterilised by gamma radiation. Individually packed and complete with adjustable rubber straps. Drain-off facility. As supplied to Regional Health Authorities

These high quality bags are made in the UK and are available at extremely competitive prices for immediate delivery by our own transport from stock. Send for quotation and samples to:



**FCL Medical Supplies**

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# Westminster report

## Drug trials: no changes proposed

The Government has no proposals to make any change in the procedures for undertaking drug trials under the Medicines Act, according to Mr Roland Moyle, Minister of State for Health, this week. Mr Moyle was replying to a question from Dr Gerard W. Vaughan, one of the Opposition spokesmen on health matters, who had asked if the Secretary of State for Social Services would take steps to provide that all drug trials on humans should be notified to the Medicines Commission, "including those involving small numbers of patients organised through general practitioners" and that the results of those trials should be sent by the gps concerned to the Commission. Mr Moyle had also replied to Mr Laurie Pavitt last week that the Government had no proposals for introducing regulations to govern the testing of drugs by gps, for which payment was made by the manufacturer or distributor.

## Wales drug costs

The cost of prescribed drugs in Wales for 1975-76 was £20·481m, according to Mr Alec Jones, Under-Secretary for Wales. In a Commons written answer this week, he also detailed the cost of medicines in the Principality over the past five years, expressed at constant (1975) prices as: 1974-75, £18·791m; 1973-74, £18·336m; 1972-73, £18·424m; 1971-72, £17·722m. Answering a further question, he also gave the following comparison, in per centage terms, of the increases and decreases of prescribed drug costs in Wales compared to Great Britain:

Year	Wales	Great Britain
1975-76	+8·99	+6·38
1974-75	+2·48	+2·89
1973-74	-0·48	+2·95
1972-73	+3·96	+4·70

## VAT on home brew kits

Home brewing beer kits will be liable to VAT at the standard rate from April 1, 1977, under the Value Added Tax (Food) Order 1976 which was laid before Parliament on Monday. The Order also covers malt, hops, yeast and any other food products which are canned, bottled, packaged or prepared for the domestic brewing of beer. The present standard rating for kits and fruit juices for home making of wine, cider or perry is maintained.

## 'Review tax effects' call

A Parliamentary motion signed by 12 Liberal and one Conservative MPs, calls for the setting up of a Royal Commission to review the effect of taxation—in particular capital transfer tax—on small businesses, the self-employed, and agriculture and forestry.



Professor P. H. Elworthy (right) receives the Harrison Memorial Medal from Mr J. Bannerman, president of the Pharmaceutical Society. Professor Elworthy's lecture, given last week, was entitled "The increasingly clever micelle"

## Post Scripts

### New razor for old

Walt and Kay Robinson, members of Scunthorpe Sub-Aqua Club, recently discovered a box of old brass Gillette razors in the wreck of the SS Breda, 50ft down in the Firth of Lorne, Oban, Scotland. The Breda sank in 1941 after being bombed while taking supplies to soldiers in Scotland. Although the razors had been under water for 35 years, Mr Robinson was still able to use them, and gave some away to his friends, keeping one for himself. Mr Robinson also told Gillette of his find, and the company offered him £20 for his razor for their museum, plus one of their latest GII shavers to compensate for the loss of the old one.

### Yardley 'leak'

Yardley of London Ltd, 33 Old Bond Street, London W1X 4AP, have "leaked" the names of the winners of their 1976 British Awards to Fashion and Beauty. The official presentation will be held early next year but the pre-presentation lunch last week introduced the winners to the forty or so beauty fashion writers who had helped to choose the leading British model, photographer, make-up artist, fashion designer and hairdresser for 1976. The five awards went to Marie Helvin, Barry Lategan, Barbara Daly, Yuki and Molton Brown respectively.

Anne Tyrrell, senior tutor in the fashion school at the Royal College of Art, spoke at the lunch and stressed the growing importance of co-ordination in the fashion world. It is apparently true that many a well turned out lady will have spent more on her face than on her clothes, and the reason she looks so good nonetheless is that she has mixed and matched her accessories, clothes, hair and make-up so perfectly. She also spoke of the expectations for next summer's "look" which will continue the "sportif" theme. The "no-make-up" look will be popular next year, but don't worry, because a lady will often spend more money on buying the make-up to achieve this look than on the traditional "made-up" face.

## Christmas closings

The following manufacturers and suppliers have notified their Christmas and New Year holiday closing arrangements:

\*Emergency supplies available from John Bell & Croyden, 50 Wigmore Street, London W1 (telephone 01-935 5555).

*From close of business, Friday, December 24, to start of business, Tuesday, January 4 (except as stated)*

Armour Pharmaceutical Co Ltd, Hampden Park, Eastbourne, East Sussex BN22 9AG. (Closing 12.30 pm Friday.)\*

Arthur H. Cox & Co Ltd, 93 Lewes Road, Brighton BN2 3QJ.

Cox-Continental Ltd, Galen House, Artex Avenue, Rustington, West Sussex BN16 3LW.

Kabivitrum Ltd, Bilton House, Uxbridge Road, London W5 2TH. (Closing noon Friday. Urgent orders and inquiries will be recorded on an answering machine at 01-567 4717 which will be interrogated daily.)

Radiol Chemicals Ltd, Stepfield, Witham, Essex CM8 3AG.

Roche Products Ltd, Broadwater Road, Welwyn Garden City, Herts.

J Waterhouse & Co Ltd, Church Street, Old Square, Ashton-Under-Lyne, Lancs. (Closing 12.30 pm Friday.)

Weddel Pharmaceuticals Ltd, Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd LL13 9PX. (Continuous telephone answering service. Postal and telephoned inquiries will be dealt with from 9 am on December 29 and 30 until orders are cleared.)

William R. Warner & Co Ltd, Eastleigh Hants.

*From close of business, Friday, December 24, to start of business, Monday, January 3 (except as stated)*

Evans Medical Ltd, Speke, Liverpool L24 9JD. (3.45pm Friday until 8.15 am Monday.)

Fisons Ltd, pharmaceutical division, 12 Derby Road, Loughborough, Leics LE11 0BB. (Latest date for receipt of orders for delivery before the holiday is December 15.)

Merck Sharp & Dohme Ltd, Hoddesdon, Herts. (Ansaphone service, Hoddesdon 6870, orders dealt with immediately on reopening.)

Pfizer Ltd, Sandwich, Kent CT13 9NJ. Riker Laboratories, Morley Street, Loughborough, Leics LE11 1EP. (Emergency supplies by telephoning Loughborough (0509) 68181.)

Upjohn Ltd, Fleming Way, Crawley, Sussex. (Closing noon Friday.)\*

Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks. (Closing noon Friday. Latest date for receipt of orders for delivery before Christmas is December 13.)

From close of business Wednesday, December 22, to start of business Tuesday, January 4

Approved Prescription Services, PO box 15, Whitcliffe Road, Cleckheaton, West Yorks BD19 3BZ. (Emergency supplies by telephoning, Cleckheaton 877048, 876838, 872659 and Mirfield 496124.)

Hall Brothers (Whitefield) Ltd, Chestnut Avenue, Eastleigh, Hants SO5 3ZQ.

Thomas Kerfoot & Co Ltd, Vale of Bardsey, Ashton-Under-Lyne, Lancs. (Orders received after noon December 17 will not be despatched until after January 4.)

From close of business Thursday, December 23, to start of business Tuesday, January 4

Norgine Ltd and Camden Chemical Co Ltd, 59 High Holborn, London WC1V 6EB. (Skeleton staff for urgent orders on 01-242 4882 December 29, 30 and 31.)

From close of business Thursday, December 23, to start of business Monday, January 3 (except as stated)

Bristol Laboratories Ltd (including Mead Johnson division), Stamford House, Station Road, Langley, Bucks. (Closing at noon on Thursday.)

Geigy Pharmaceuticals, Hurdsfield Industrial Estate, Macclesfield, Cheshire.

From close of business Thursday, December 23, to start of business Wednesday, January 5

Dendron Ltd, 94 Rickmansworth Road, Watford, Herts WD1 7JJ.

Paines & Byrne Ltd, Pabyrn Laboratories, Bilton Road, Greenford, Middlesex. (Skeleton staff to handle urgent orders, 9 am to noon, December 24, 29, 30, 31 and January 4.)

From close of business Friday, December 24, to start of business Wednesday, December 29 and from Friday, December 31, to Tuesday, January 4

E. H. Butler & Son Ltd, 5 Brunswick Street, Leicester. (Telephone answering service operative throughout.)

Pharmacia (Great Britain) Ltd, 75 Uxbridge Road, London W5 5SS. (Closing noon on Friday December 31.)

From close of business Friday, December 24, to start of business Wednesday, December 29. Also closed Monday, January 3

Lederle Laboratories, Fareham Road, Gosport, Hants. (Closing noon on Friday, December 24.)

May & Baker Ltd, Dagenham, Essex RM10 7XS\*

#### Other arrangements

Bickiepegs Ltd, 43 Jopp's Lane, John Street, Aberdeen AB1 1BX. (Closed from 4 pm Thursday, December 23, to start of business Monday, January 10.)

Imperial Chemical Industries Ltd, Pharmaceuticals division, Alderley Park, Macclesfield, Cheshire SK10 4TF. (Closed from 1 pm Wednesday, December 24, to start of business Wednesday, December 29. Also closed on Friday, December 31.)

William Ransom & Son Ltd, Hitchin, Herts. (Closed from 5 pm Thursday, December 23, to 8.30 am Wednesday, December 29. Also closed on Monday, January 3.)

# Market News

## Cascara dearer

London, December 8: A feature in the botanical drugs' sector of the market during the week was provided by cascara, the price of which jumped from £770 to £880 per ton for shipment; spot moved up to £900 from £820 in sympathy. Dearer to a lesser degree were Peruvian cochineal, senega and witch-hazel leaves. A few items however were lower including ipecacuanha, gentian root and copaiba balsam.

Among spices there were few price changes. Offers of chillies continue to be somewhat spasmodic. There was, however, a near-shipment parcel of West African (extraction quality) on offer at £1,175 per ton. Among gingers an unconfirmed report mentioned a parcel of new-crop Nigerian split having been traded to Europe at £850 ton. Since the spot value is around £740 that would appear to be a high price to pay. White Sarawak pepper on the spot also looks a more attractive proposition than forward offers. In the past few months considerable shipments have been booked and are now arriving. Holders naturally want their money turned over and certainly do not want to pay for storage for any length of time, thus the current attractive offers vis-a-vis shipment values. The unpredictability of sterling rates ahead is another factor making for high future rates.

Essential oil prices were mainly firm during the week. Citronella and patchouli were marked up. For a number of weeks now the firmness of Brazilian *arvensis* peppermint wiped out the normal premium which the Chinese variety always commanded. That trend now seems to be on the point of reversal as Brazilian oil eased during the week at the same time as Chinese became dearer.

## Pharmaceutical chemicals

**Acetomenaphthone:** 100-kg lots, £0.64½ kg.

**Amylobarbitone:** Less than 100-kg lots £9.08 kg; sodium £10.56.

**Ascorbic acid:** (Per kg) £9.07; 5-kg £7.97; 25-kg £6.32; sodium ascorbate, plus 6%; silicone-coated, (per kg) £9.25; £8.15; £6.50 respectively.

**Butabarbital:** 50-kg lots £11.84 kg; sodium £13.01.

**Butobarbitone:** Less than 100 kg, £11.24 per kg.

**Calciferol:** (Per kg) £46.20; 5-kg £45.10.

**Calcium pantothenate:** £6.50 in 25-kg lots.

**Carotene:** Suspension 20 per cent £39.71 kg; 5-kg £38.61 kg.

**Cyclobarbitone:** Calcium £11.29 kg in 25-kg lots.

**Cyanocobalamin:** £3.00 per g.

**Dexpanthenol:** (Per kg) £148.50; 5-kg £147.40.

**Ether:** Anaesthetic BP 2-litre bottles £2.46 each; drums from £1.28 in 16-kg drums to £1.16 kg in 130-kg. Solvent, BP from £916 metric ton in 16-kg drums to £820 in 130-kg.

**Ferrous fumarate:** £1.25 kg for 50-kg lots.

**Ferrous gluconate:** £1,395 metric ton delivered.

**Glucose:** (Per metric ton in 10-ton lots) monohydrate £209; anhydrous £410 (varying with importation charges); liquid 43° Baume £195 (5-drum lots); naked £163 (tanker 14 tons).

**Glycerin:** 1-ton lots £621 metric ton in 250-kg returnable drums; 5-ton lots £606.

**Nicotinic acid:** £3.63 kg (50-kg lots).

**Nicotinamide:** £5.50 kg; 50-kg lots £3.57 kg.

**Pentobarbitone:** Less than 100-kg £14.69 kg; sodium £15.88.

**Phenobarbitone:** In 50-kg lots £10.89 kg; sodium £11.91.

**Pyridoxine:** (Per kg) £25.85; 5-kg £24.20; 25-kg £23.65.

**Quinalbarbitone:** Base and sodium in 25-kg lots £13.91 kg.

**Riboflavin:** (Per kg) £27.83; 5-kg lots £26.62; 25-kg £25.52. Phosphate £75.35 kg.

**Salicylic acid:** (kg) 5-ton lots £0.96 kg; 1 ton £0.97.

**Sodium acid phosphate:** BP crystals, 50-kg lots £1,0411 kg.

**Sodium bicarbonate:** BP £72.04 per 1,000 kg minimum 10-metric-ton lots, delivered UK.

**Sodium benzoate:** BP, 500-kg lots £0.4818 kg.

**Sodium carbonate:** Anhydrous £184 metric ton.

**Sodium chloride:** Vacuum dried in 10-ton lots £19.90 metric ton delivered London.

**Sodium citrate:** Granular from £646 per metric ton. Premium for powder £11.00.

**Sodium fluoride:** BP in 50-kg lots £1.3594 kg.

**Sodium gluconate:** Technical grade £610 metric ton.

**Sodium hydroxide:** Pellets (BP-1975) in 50-kg lots £0.858; sticks (BP 1958) £3.09½ for 50 kg.

**Sodium nitrite:** BPC 1963 50-kg lots £0.8415 kg.

**Sodium perborate:** (per 1,000 kg) monohydrate £425, tetrahydrate £251.

**Sodium percarbonate:** £338 per metric ton.

**Sodium potassium tartrate:** Granular £797 metric ton.

**Sodium sulphate:** BP per metric ton, £70.00 for fine crystals; £96.90 pea crystals. Commercial £32.60, all ex works.

**Sodium sulphite:** Crystals £0.1692 kg in 50-kg lots.

**Sodium thiosulphate:** Photo grade £131.50 metric ton, delivered.

**Thiamine hydrochloride:** Per kg £13.50; 5-kg £12.30; 25-kg £11.60. Mononitrate same prices.

**L-Thyroxine:** £1.70 per kg.

**Tocopherol:** £18.42 kg; 5-kg £17.32 kg.

**Tocopheryl acetate:** DL alpha (per kg) £16.22; 5-kg £15.12. Dry 25 per cent £14.96 and £13.86 respectively; 50 per cent £11.16 and £10.06.

**Vitamin A:** (Per kg) acetate powder, 325 iu: £10.67; 10.12 in 5-kg lots; 500 iu: £14.35 and £13.25. Palmitate oil 1 miu (Per kg) £14.57; 5-kg £13.47.

**Vitamin D2:** See calciferol.

**Vitamin E:** See tocopheryl acetate.

## Crude drugs

**Agar:** Spanish-Portuguese £5.30 kg spot.

**Balsams:** (kg) Canada: £12.30 spot; £12.10, cif for shipment. **Copaiba:** BPC £1.95 on the spot; £1.85, cif. Peru: Spot £6.50; £6.35, cif. **Tolu:** £3.75 spot.

**Benzoin:** BP £87.00-£88.00 cwt spot; £86.00-£87.00, cif.

**Buchu:** Rounds £2.30 kg spot; £2.20, cif.

**Camphor:** Natural powder, £4.90 kg, spot. Synthetic £0.80.

**Cardamoms:** (per lb, cif) Alleppy green no 1 £6.00; prime seeds £6.50.

**Cascara:** £900 metric ton spot; £880, cif.

**Chillies:** Chinese Sulkein £1,500 metric ton. West African extraction quality £1,175, cif, December-January.

**Cochineal:** Peruvian silver-grey £14.70 kg, spot; £14.20, cif. Tenerife black £19.00.

**Gentian:** Root £1.45 kg spot; £1.42, cif.

**Ginger:** Root £1.45 kg spot.

**Ginger:** (ton, cif) Cochin £1,000. Jamaican (spot) £1,200. Nigerian split £740 spot; shipment nominal; peeled nominal.

**Hydrastis:** (kg) £10.10 spot; £9.95, cif.

**Ipecacuanha:** (kg) Costa Rica £4.20 spot; £4.10, cif.

**Menthol:** (kg) Brazilian £11.00 spot; £10.80, cif. Chinese £11.00 in bond; £10.85, cif.

**Pepper:** (ton) Sarawak black £1,370 spot; £1,270, cif. White £1,525 spot; shipment £1,450, cif. Brazilian black grade one £1,300, cif.

**Seeds:** (metric ton, cif) **Anise:** China star forward £620. **Caraway:** Dutch £940. **Celery:** Indian £520. **Coriander:** Moroccan nominal; Indian £630. **Cumin:** Egyptian £570; Iranian £590. **Dill:** Indian £265. **Fennel:** Indian £470; Egyptian £235. **Fenugreek:** £145.

**Senega:** (kg) Canadian £14.00 spot; £13.80, cif.

**Witchhazel leaves:** Spot £3.75 kg; £3.65, cif.

## Essential and expressed oils

**Almond:** Sweet in drum lots £1.25 kg duty paid.

**Anise:** (kg) £18.00 spot and cif.

**Citronella:** Ceylon £1.40 kg spot and cif. Chinese £2.05 kg spot; £2.15, cif.

**Nutmeg:** (per kg) English-distilled from West Indian £22.00; from East Indian £20.00. Imported £700.

**Olive:** Spot ex-wharf. Spanish £1,350 per metric ton in 200-kg drums ex wharf; Mediterranean origin £1,350; Tunisian £1,350.

**Patchouli:** £9.00 kg spot; £8.50, cif.

**Peppermint:** (kg) Arvensis—Brazilian £5.50 spot and cif. Chinese £5.50 spot; £5.30, cif. **Piperata:** American Far West about £24.00, cif.

**Spearmint:** (kg) American Far West £18.50. Chinese afloat £12.50, shipment £12.20, cif. Jan-Feb shipment

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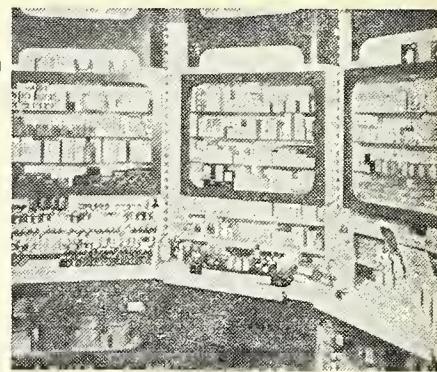
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